

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form D

Express Program | Orders

Include this form with your artwork & order forms.

School/Organization Information:

School/Organization:		School Account Code:	
Address:			
City:	State	Zip:	
Contact		Phone #:	
Weekdays you will be closed:			

of Artworks sent: _____

Payment is due upon receipt of invoice. Your invoice will be emailed at the completion of your program, to the person listed as Billing Contact on your confirmation.

For finished products/orders, free shipping and handling is offered on all **wholesale** orders of \$300.00 or more. For orders of less than \$300.00, a \$25.00 shipping fee will apply.

*If your school/organization requires a Purchase Order to be issued to Original Works in order to be invoiced *please provide the Purchase Order #:* _____ to be referenced on the invoice.

Questions about your invoice or payment can be sent to: finance@originalworks.com

Ship your Art with Order Forms to:

ORIGINAL WORKS

54 Caldwell Road • Stillwater, NY 12170

518.584.9278