

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form C

Preview Magnet Program | Additional/Late Orders

Include this form with your additional orders.

School/Organization Information:

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

Orders: Please submit original artwork and order form for artwork that is not on file. One order form per artwork.**Additional Preview Magnets sold:** _____

Use the section below when ordering more products from a previously processed artwork from your current program. You do NOT need to resubmit the artwork for these orders.

Order Form #	Artwork description	
Is artwork (Choose one) <input type="checkbox"/> Vertical (portrait) or <input type="checkbox"/> Horizontal (landscape)		
Product	Product	Product
Order Form #	Artwork description	
Is artwork (Choose one) <input type="checkbox"/> Vertical (portrait) or <input type="checkbox"/> Horizontal (landscape)		
Product	Product	Product
Order Form #	Artwork description	
Is artwork (Choose one) <input type="checkbox"/> Vertical (portrait) or <input type="checkbox"/> Horizontal (landscape)		
Product	Product	Product
Order Form #	Artwork description	
Is artwork (Choose one) <input type="checkbox"/> Vertical (portrait) or <input type="checkbox"/> Horizontal (landscape)		
Product	Product	Product

Billing Options: Original Works provides free shipping & handling on the first shipment of additional orders. All subsequent additional shipments will be subject to a \$10.00 shipping & handling fee.

*If your school/organization requires a Purchase Order to be issued to Original Works in order to be invoiced please provide:

The purchase order # is: _____ to be referenced on the invoice.

Please select one of the following options. Please make all checks payable to Original Works.

- Send Profit Check.** We are sending 100% of the money collected and will receive our profit check within 10 business days of order processing. **Check #:** _____ **Check Amount:** \$ _____
- Exact payment.** We have tallied all of our orders and are sending in the exact amount. The tally will be confirmed by Original Works. **Check #:** _____ **Check Amount:** \$ _____
- Invoice.** Please tally all orders then send us a final invoice. We understand that payment of the invoice is due in full upon receipt. Please email invoice to: _____ or fax to: _____

Send to: ORIGINAL WORKS

54 Caldwell Road • Stillwater, NY 12170 • 800-421-0020 • fax 518-580-0639 • lawfi@originalworks.com