

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form B

Preview Magnet Program | Orders

School/Organization Information:

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

of Artworks sent: _____

We collected a total of \$ _____ for our program. **OR**

of Preview Magnets purchased _____

Payment is due upon receipt of invoice. Your invoice will be emailed at the completion of your program, to the contact 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 to:

ORIGINAL WORKS**54 Caldwell Road • Stillwater, NY 12170**

518.584.9278