**Shipping Form C**

**INTERNAL USE ONLY:**CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
RECV’D BY: \_\_\_\_\_\_\_\_\_\_\_  
DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Single Step 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)  Vertical (portrait) or  Horizontal (landscape) | | | |
| Product | Product | | Product |
| Order Form # | | Artwork description | |
| Is artwork (Choose one)  Vertical (portrait) or  Horizontal (landscape) | | | |
| Product | Product | | Product |
| Order Form # | | Artwork description | |
| Is artwork (Choose one)  Vertical (portrait) or  Horizontal (landscape) | | | |
| Product | Product | | Product |
| Order Form # | | Artwork description | |
| Is artwork (Choose one)  Vertical (portrait) or  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  
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