

**INTERNAL USE ONLY:**

CODE: \_\_\_\_\_

RECV'D BY: \_\_\_\_\_

DATE: \_\_\_\_\_

# Shipping Form C

Single Step Program | Additional/Late Orders

**Include this form with your additional orders.**

## School/Organization Information:

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

**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