**Shipping Form B**

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

Single Step Program | Orders

# School/Organization Information:

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

#  Billing Options: ***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 and pre-payment of the order is required.*

\*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.  **Number of Preview Magnets purchased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **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 complete one of the following:***

 **We collected a total of $ \_\_\_\_\_\_\_\_\_\_\_\_\_ for our program*. OR* # of Preview Magnets purchased \_\_\_\_\_\_\_\_\_\_**
 **Please email invoice to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or fax to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLEASE CONSULT YOUR BUSINESS OFFICE FOR YOUR LOCAL SALES TAX STATUS AND ORGANIZATION’S TAX POLICY

TAX STATUS: If your school is in: **CA, CO, FL, GA, MD, MI, NC, NJ, NY, SC, TN, TX or VA** please review the following and check the appropriate box:

[ ]  We are TAX EXEMPT and our tax form is attached, has already been submitted, or will be faxed or mailed. We understand that
 without a tax exempt form on file, we will be charged sales tax.

[ ]  Purchases made by this organization are TAXABLE. We will be charged tax based on the SCHOOL COST of the products.

**It is the responsibility of the organization to increase the PRICE TO FAMILIES to cover any tax liability.**

**Send to: ORIGINAL WORKS
54 Caldwell Road • Stillwater, NY 12170 • 800-421-0020**