

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form B

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 • fax 518-580-0639 • lawfi@originalworks.com