

# Work Order

Please describe as clearly as possible the repairs and/or finishing you would like. You will be contacted with a price quote as soon as possible after receipt of your work. All jobs are invoiced with shipping and insurance fees (unless you pick up).  
\* If shipping damaged flatware, include a perfect piece of the same type (if you have one) so its shape can be duplicated.

**Please do not send payment with the job, as shipping must be calculated.**

## Packing Instructions

Objects, such as sectional candelabras, should be disassembled and wrapped individually with tissue paper or in a flannel bag(s). For delicate pieces (such as handled baskets and epergnes), crumple the tissue and place it in all open areas so all components will be supported. Next comes the bubble wrap which will further cushion the object. Use Scotch tape as opposed to wide packing tape. Pack the object in a structurally sound carton. Each piece should have a minimum of 2" (preferably more) of padding between it and other piece(s) or the sides of the carton. The carton should be filled with Styrofoam peanuts, bubble wrap, or densely crumpled paper to snugly cushion the item(s). Close the carton and shake it before taping – there should be NO movement of the piece(s). Always remove flatware from a flatware chest and wrap the pieces, otherwise, any bouncing in transit could lead to scratching.

## Shipping Options

**(Always ship "signature required.")**

**USPS:** Jeffrey Herman • PO Box 786 • West Warwick, RI 02893

**UPS & FedEx:** Jeffrey Herman • 24 Rolling Green Ln. • West Warwick, RI 02893

**You MUST state the insurance value of each object or set!**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Shipping Address (UPS): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

(Cell): \_\_\_\_\_ Fax (if no email): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Object(s) #1:** \_\_\_\_\_ **Insurance value:** \$ \_\_\_\_\_

Describe your need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ *Continue on other side...*

**Object(s) #2:** \_\_\_\_\_ **Insurance value:** \$ \_\_\_\_\_

Describe your need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ *Continue on other side...*

**Object(s) #3:** \_\_\_\_\_ **Insurance value:** \$ \_\_\_\_\_

Describe your need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ *Continue on other side...*

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