

## 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

The following instructions are tried and true techniques. Objects, such as sectional candelabras, should be disassembled and wrapped individually. For delicate pieces, such as handled baskets and epergnes, crumple the tissue paper 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 as little tape as possible when securing the bubble wrap. Wrapping the entire bubble-wrapped object with packing tape makes it almost impossible to remove the piece without using a knife, which could damage the silver. A preferred technique is to take the wrapped object and place it in a plastic bag. Pack the object in a structurally sound 200 lb. test 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). There should be NO inside movement after the carton has been taped. Always remove flatware from a flatware chest and wrap the pieces, otherwise, any bouncing in transit could lead to scratching.

## Shipping Options

**US Postal Service Shipments & Correspondence:** Jeffrey Herman, PO Box 786, West Warwick, RI 02893  
**UPS / FedEx / DHL Shipments:** 24 Rolling Green Ln., West Warwick, RI 02893  
Tel: 401/461-6840, Fax: 401/461-6841, E-mail: jeff@hermansilver.com

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

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

Shipping Address: \_\_\_\_\_

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 ...*

**For Office Use:** Date received \_\_\_\_\_ Receipt sent \_\_\_ Copy filed \_\_\_ Database \_\_\_