

Classic Candles' Fundraiser Application

Name of Group or Organization: _____

Contact Person: _____ E-Mail Address: _____

Phone Number: _____ Alternate Phone: _____

Street Address: _____

City, State and Zip: _____

Tax Exempt Number: _____

_____ Our organization is Tax Exempt. Our certificate is attached.

_____ Our organization is not Tax Exempt. Therefore, we will be responsible for collecting, reporting and paying our local sales tax.

Number of Sellers: _____ Number of Order Forms Needed (\$0.25 each): _____

Starting Date: _____ Ending Date: _____

(Fundraisers must be held within a two-week time frame.)

Briefly explain how the money you earn will be used: _____

Samples Kits Available for Purchase:

____ Number of kits \$16.50 each

The kit includes a 1.5 oz candle of all the scents on the fundraiser form!

You are ***NOT*** required to purchase samples. However, some customers wish to see and smell the actual product.

Sample candles must be paid for up-front with one check made payable to Classic Candles, Inc or your Independent Representative/Distributor.

For Office Use Only:

Referred by: _____

Date Received: _____

Date Completed: _____

PLEASE READ CAREFULLY BEFORE SIGNING!!

I, _____, representing the above Organization, do hereby agree that all profits made during this fundraiser will be used for the reason(s) stated above and that all candles will be sold for the price(s) listed on the order form.

Upon completion of the fundraiser, we will submit one order form to Classic Candles, Inc. along with amount owed. Amount owed is 50% of each candle sold plus \$45.00 estimated shipping (if applicable). Cashiers check or organization checks only. No cash please.

We understand that no candles may be added to our order after it is placed.

We understand that there is a two-week turn-around time after order and amount owed is received. We understand that we will receive a phone call and/or e-mail once our order is complete. At this time, arrangements will be made to ship/pick up our order or to meet Classic Candles/ Independent Representative/Distributor at a designated location.

If we are having the order shipped to us, we understand that we are responsible for paying all shipping and handling charges.

I understand that Classic Candles, Inc., has the right to refuse this fundraiser!

Authorized Signature and Date

Classic Candles, Inc. Signature and Date

We are sending a Cashiers/Organization Check for _____ Samples

Mail/Fax to: Classic Candles, Inc., PO Box 356, Valley Center KS 67147/(316) 755-1690