

BUYER'S ORDER FORM

BUYER'S NAME _____ DATE OF ORDER _____

COMPANY NAME _____

COMPANY ADDRESS _____

CITY, STATE, ZIP _____

Shipping/Delivery Address (If different from above) _____

EMAIL ADDRESS _____ CONTACT PHONE _____

WESITE _____ INSTAGRAM _____ FACEBOOK _____

CREDIT CARD NO _____ EXP ____/____ CVC _____

PAYMENT BY CHECK: CHECK # _____ AMOUNT \$ _____

SIGNATURE _____

(Signature renders this a binding agreement and acknowledges buyer agrees with all listed terms and conditions.)

10-OZ CANDLES 6 UNITS = \$102 • 12 UNITS = \$180 • 24 UNITS = \$336 • SAMPLE = \$7

<input type="checkbox"/> BLISS	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	TOTAL FOR 10-OZ <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; margin: 5px;"></div> A
<input type="checkbox"/> BE STILL	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	
<input type="checkbox"/> CALM	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	
<input type="checkbox"/> CLARITY	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	
<input type="checkbox"/> FOCUS	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	
<input type="checkbox"/> TRANQUILITY	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	

4-OZ CANDLES 6 UNITS = \$48 • 12 UNITS = \$84 • 24 UNITS = \$144 • SAMPLE = \$5

<input type="checkbox"/> BLISS	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	TOTAL FOR 4-OZ <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; margin: 5px;"></div> B
<input type="checkbox"/> BE STILL	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	
<input type="checkbox"/> CALM	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	
<input type="checkbox"/> CLARITY	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	
<input type="checkbox"/> FOCUS	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	
<input type="checkbox"/> TRANQUILITY	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	

WAX MELTS 6 UNITS = \$30 • 12 UNITS = \$48 • 24 UNITS = \$72 • SAMPLE = \$3

<input type="checkbox"/> BLISS	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	TOTAL FOR WAX MELTS <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; margin: 5px;"></div> C
<input type="checkbox"/> BE STILL	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	
<input type="checkbox"/> CALM	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	
<input type="checkbox"/> CLARITY	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	
<input type="checkbox"/> FOCUS	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	
<input type="checkbox"/> TRANQUILITY	<input type="checkbox"/> 6 UNITS	<input type="checkbox"/> 12 UNITS	<input type="checkbox"/> 24 UNITS	<input type="checkbox"/> SAMPLE	\$ _____	

SUBTOTAL ("A" + "B" + "C") \$ _____

SALES TAX *(will be charged unless Florida Resale Certificate is attached)* \$ _____

ORDER TOTAL

FREE central FL delivery
Shipping additional for all others



3 TEN CANDLES

OFFICE USE ONLY: INVOICE #: _____ DELIVERY DATE _____ PAID DATE _____