

BUGGYTOWN CANDLE FUNDRAISER APPLICATION

Name of group or organization: _____

Contact Person: _____

Tax exempt #: _____ Phone: _____

Address: _____ Alternate Phone: _____

City: _____ State: _____ Zip: _____

Date to begin selling candles: _____ Date to end selling candles: _____

Please explain briefly how the money earned will be used:

_____ Number of sellers

_____ Number of sample kits needed. (MAX. OF 20 KITS PER GROUP)

PICK 1

_____ Spring/Summer Scents

_____ Fall/Winter Scents

Choose one:

_____ We will pick up our order.

_____ We will need our order to be delivered to us. We understand our organization is responsible for shipping charges and will pay the delivery charge in full before delivery of our order.

*Individual kits are only available for groups of less than 20 – otherwise a few sample kits will be sent to be shared by the group. Sample kits must be returned undamaged or you will be charged \$10 for each kit not returned or returned damaged.

*****PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING!*****

I, _____ representing _____ do hereby agree that all profit made during this "BuggyTown Candle" fundraiser will be used for the purposes stated above, and the candles will be sold for the prices listed in the order forms. Payment of one check, money order, or charge card will be paid to "BuggyTown Candle Co." for the percentage agreed upon when the candle order is placed. **I understand payment is due within 7 days of fundraiser end.**

PLEASE CHECK ONE OF THE FOLLOWING:

_____ We will submit one final, tallied up order to BuggyTown Candle Co, and we will sort the orders, qualifying us to keep 50% of the total profit.

_____ We will submit original order forms (keeping copies for ourselves) to BuggyTown Candle Co, and BuggyTown Candle Co will put together each participants individual order, allowing us to keep 40% of the total profit.

Title: _____ Date: _____

Mail to: BuggyTown Candle Co • 125 Tharpe Road • Barnesville, GA 30204