



Wholesale Order Form

Business Name: _____

Phone Number: _____

Contact Person: _____

Shipping Address:_____

Email Address _____

ORDER DETAILS

Candle Name	Quantity	Notes (Optional)

■ Total Number of Candles:

Requested Ship Date (Lead Time 1-2 weeks):

Shipping & Payment

■ Shipping will be billed separately at a discounted flat rate based on order size and destination.

Invoices will be sent via email. Payment is required before shipping unless otherwise arranged.

Agreement

Please confirm:

[] I understand the wholesale price is \$28 per candle.

☐ I acknowledge the minimum order requirements.

☐ I agree to the terms listed above.

Full Name & Signature

Date _____