Start Your Sale…

GO LIGHT
YOUR WORLD!

A Troop Information

Bill-To Information

Troop Number (include State abbreviation) _____ Date _____/_____/_____

Troop Fundraising Coordinator _____

Address _____ City _____

State _____ Zip _____ County _____ Email _____

Phone _____ Cell Phone _____ Other _____

Shipping Information (if different than bill-to)

Ship-To Location _____ Person to Accept Delivery _____

Address _____ City _____ State _____ Zip _____

Org. Phone _____ Cell Phone _____Other _____

B Sale Information

Number of Troop Members: ☐

Number of Brochures Requested: ☐

Please list our troop online as (City, State) _____.

☐ Include cookie dough brochure

Start Date ____/____/____ (recommended 3-4 weeks max)

End Date ____/____/____ Order Turn-in Date to Abby ____/____/____

Delivery Date (minimum of 3 weeks after order forms received by Abby) ____/____/____

C Payment Terms

I accept responsibility for payment of all items received within 30 days of receipt of product.

Authorized by: _____ Date ____/____/____

D Notes _____

_____

_____

Please contact Abby Candles with any questions:
Phone: 1(800) 250-7723 or 1(765) 282-3594
Fax: 1 (765) 282-3521
anya@abbycandles.com

For Organization Use Only:

#____ Brochures were sent on ___/___/___.
Troop was set up online on ___/___/___.
Received order forms from troop on ___/___/___.
Products were shipped via ____ on ___/___/___.