

BUYERS APPLICATION FORM
Please Complete and Return with First Order

STATE TAX LICENSE NUMBER: _____

STORE NAME: _____

OWNER'S NAME: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS
IF DIFFERENT: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

SIGNATURE REQUIRED FOR SALES TAX EXEMPTION

DATE: _____ **SIGNATURE:** _____

MUST BE COMPLETED IF PAYING BY CHECK:

BANK NAME: _____

ACCOUNT NUMBER: _____

BANK PHONE NUMBER: _____

CONTACT PERSON AT BANK: _____

MUST BE COMPLETED IF PAYING BY CREDIT CARD:

PLEASE CHECK ONE: VISA _____ MASTERCARD _____ DISCOVER _____

CARD #: _____ CVV # (On Back): _____ EXP: _____

CARDHOLDER NAME (PRINT): _____

YOU AUTHORIZE GC CANDLE LLC TO CHARGE THE ABOVE CREDIT CARD FOR YOUR ORDER.

SIGNATURE: _____ DATE: _____

NO C.O.D. OR UNAPPROVED CHECKS

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