

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) _____

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

Include cookie dough brochure

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: 405-895-9957 | Fax: 405-895-9904
mara@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 ____/____/____.