

**Candles 4 Less  
Wholesale/Drop Shipping Account Application**

For wholesale purchase from Candles 4 Less, please **FAX** your **Wholesale/Drop Shipping Account Application** along with a copy of your **Tax ID Certificate** to: **Fax # (516) 977-4150**

For **Drop Shipping** accounts and **businesses intending to resell our products** in the state of **California** please include a faxed copy of your **Sellers Permit**.

**Please print clearly**

Business Name	
Website Address (required for Drop Shipping Account)	
Phone	Fax
Contact Name	Title
Contact Phone Ext.	Contact Fax (If other than work fax)
Email	

**\* Email address is required for all accounts**

Billing Address	Shipping Address (If other than billing address)

Sales Tax ID #	Seller Permit #
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**Credit Card Type (Circle One):**

Name (as it appears on credit card)		
Credit Card #	Expiration Date	CSC

**\* Please indicate which account applies to your business or organization**

Wholesale Account  Drop Shipping Account

Accounts Payable Contact (If other than previously listed contact)	
Name	Phone
Email	

To become a wholesale account member we require an initial minimum purchase order of \$200 at retail price. This can be done online at [www.candles4less.com](http://www.candles4less.com). Once your application is processed you will receive a 25% discount on this first order.

Please include your initial order # on this form. **Applications without an order number will not be processed.**

Order # (must be a minimum purchase order of \$200 at retail price)
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**(Please allow 7 to 10 business days for the application process)**

For telephone inquires please contact **Customer Service** at Toll Free **(877) 766-5328**