



## Wholesale Customer Application

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Buyer Name(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

Ship-To address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bill-To address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Resale Certificate / Tax ID #: \_\_\_\_\_

**Account Terms:** Net 0 (pay @ time of shipping) unless otherwise arranged with Star Valley LLC management.

**Payment options:** business check or credit card.

**Briefly describe your business:**

**How did you hear about Star Valley products?**

**Other comments:**

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**Please mail, e-mail, or fax completed application form to:**

Star Valley Candles  
8 Greenfield Rd.  
Luray, VA 22835  
info@starvalleycandles.com  
FAX: 866-238-5583

Star Valley office use only

**Date received:**

**Date accepted:**

**Acct # assigned:**