



CUSTOMER EVENT FORM – CANDLE FUNDRAISER

Today's Date _____

Name of Organization _____

Contact/Project Lead _____

Address _____

Billing Address, if different _____

Delivery Address, if different _____

Business Phone _____ Cell Phone _____

Fax _____ Email _____

1.) Start date of Fundraiser _____ End date of Fundraiser _____

2.) How many packets will be needed? _____ Would you like extra forms? YES NO

3.) Are samples needed? YES NO If yes, how many box samples? _____
(We provide a sample box upon request with all the scents that must be returned at the end of the fundraiser)

4.) Date that packets and supplies are to be delivered or mailed *(please specify)* _____

5.) Do you prefer to SCAN the order forms? YES NO
- If yes, scans need to be scanned **in color** to Ivanmersbergen@pantheonindustries.org
- If no, date for Pantheon Rep to pick up order forms? _____

6.) Candle delivery date to the organization _____

7.) Please specify how you would like the candles packaged for delivery:
____ In individual bags, marked by seller and their customer
____ In boxes, and provided the blank bags for do-it-yourself packing

8.) Special Instructions (Example: Delivery Door; packaging instructions; billing information; etc.):
Please be specific and provide a contact number for upon arrival. Also, please have someone available with a cart to help with the unloading (Please note, delivery times are between 9:00am-1:30pm)

****PLEASE NOTE: ALL DELIVERIES MADE BY PANTHEON INDUSTRIES ARE MONDAY THROUGH FRIDAY BETWEEN 9:00AM AND 1:30PM. THANK YOU.**