

# MASTER ORDER FORM

Date of this Order:



MILL VALLEY  
CANDLEWORKS

FINE HANDCRAFTED CANDLES

LIGHT A HEART  
PROJECT

202 Rosemont Ave

Mill Valley

CA 94941

Organization:

Shipping Address:

City, ST Zip

Phone:

Fax:

e-mail:

Program Coordinator, Phone Number

415-380-8355

fax 415-380-8391

[www.mvcandleworks.com](http://www.mvcandleworks.com)

email: [info@mvcandleworks.com](mailto:info@mvcandleworks.com)

**Program Coordinator Instructions:** Fill in the date and your customer information. From your "Consolidation Form", transfer the single line of totals to this page in Boxes D-H. Complete boxes I-L. Please fax this order and mail us a check or call Mill Valley Candleworks with your credit card information. Keep a copy of this order for your records. Keep your individual "Team Order Forms" and "Consolidation Form(s)" to aid your distribution.

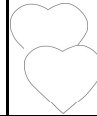
Sachet & Ornament

RED  
Heart

Total Number of Ornaments

Total Number of Candles

Total Sales Amount



Total Order

D

E

F

G

H

Multiply the "Total Number of Ornaments" (in Box D)  
Times Your Purchase Price of \$3.00 ea.



I

Multiply the "Total Number of Candles" (in Box E)  
Times Your Purchase Price of \$8.50 ea.



J

If candles are being shipped to you, multiply \$1 times "G" and enter in "I"



K

Add "I" + "J" + "K" and enter the total in "L". Pay this amount to Mill Valley  
Candleworks by check, M/C, or Visa.



L

Notes: