iCANDLES

RETAIL PARTNER PROGRAM APPLICATION

Interested in bringing iCandles to your customers? Tell us about your business so we can learn more about your retail location and determine which partnership opportunity may best fit your store.

1. BUSINESS INFORMATION

Business Name *

Business Owner / Primary Contact *

Business Email *

Business Phone *

Business Website / Social Media

Business Address *

City *

State *

ZIP Code *

2. ABOUT YOUR BUSINESS

Business Type * (Boutique, gift shop, salon/spa, specialty retailer, other)

How long have you been in business? *

Do you currently operate a physical retail location? *

■ Yes ■ No

How many retail locations do you operate?

Briefly describe your business and your typical customers. *

What types of products do you currently sell? *

3. iCANDLES PARTNERSHIP INTEREST

Which partnership level are you interested in? *

STANDARD PARTNER 25% Retail Margin	PREMIUM PARTNER 30% Retail Margin	EXCLUSIVE SIGNATURE PARTNER 35% Retail Margin
■	■	■

■ I'm not sure - please help me determine the best fit.

Are you interested in starting with the 7-Day Trial Display Program?

■ Yes ■ No ■ I'd like more information

Which iCandles products or collections are you most interested in carrying?

How did you hear about iCandles?

4. RETAIL LOCATION & DISPLAY

Describe the area where you would display iCandles products in your store.

Are you willing to participate in a Store Placement Consultation if requested?

■ Yes ■ No

Anything else you would like us to know about your business?

5. APPLICANT ACKNOWLEDGMENT

By submitting this application, I certify that the information provided is accurate to the best of my knowledge. I understand that submitting an application does not guarantee acceptance into the iCandles Retail Partner Program, approval for any specific partnership level, protected territory, or participation in the 7-Day Trial Display Program. If approved, additional program terms, agreements, deposits, ordering requirements, or other conditions may apply.

■ I have read and agree to the Applicant Acknowledgment above.

Applicant Name: _____ Date: _____

Signature: _____

Thank you for your interest in partnering with iCandles.
Applications are reviewed before partnership approval and onboarding.