



MOOD THERAPY CANDLE COLLECTION

WHOLESALE ACCOUNT APPLICATION FORM

Please fill out form and email it to moodtherapycandles@gmail.com
Once received, we will get back to you on approval

First Name:

Last Name:

Title:

Email:

Phone Number:

Company Name:

Shipping Address:

Mailing Address:
(if different than shipping address)

Website:

Social Media:

GST #:
(to verify business)

Type of Business:

If approved, our business will hand out candle care cards with each candle purchased as this is a safety measure:

Signature: _____

Office Only:

Date Approved

Date Not Approved

Signature