



# Laural 's Aroma Therapy

APPLICATION TO SELL  
AT FUNDRAISER

ALL INFORMATION WILL BE KEPT PRIVATE  
AND WILL NEVER BE SOLD.

PLEASE FILL OUT AND FAX TO 570-588-0416

ORGANIZATION NAME:	
CONTACT NAME:	
SECONDARY CONTACT NAME:	
ORGANIZATION ADDRESS:	
CITY / STATE / ZIP:	
COUNTRY:	
TAX ID NUMBER OR SOCIAL SECURITY NUMBER: ( Required for TAX PURPOSES )	
ORGANIZATION PHONE NUMBER:	
1ST CONTACT PHONE NUMBER:	
2ND CONTACT PHONE NUMBER	
ORGANIZATION FAX NUMBER:	
1ST CONTACT E-MAIL ADDRESS:	
2ND CONTACT E-MAIL ADDRESS	
BEST METHOD AND TIME TO CONTACT YOU: (ie: Organization phone, cell phone, fax, e-mail )	
IS THE SHIPPING ADDRESS THE SAME AS THE ORGANIZATION ADDRESS: (If no please fill out below)	_____ YES      _____ NO
SHIP TO STREET ADDRESS:	
SHIP TO CITY / STATE / ZIP:	

PLEASE DESCRIBE YOUR ORGANIZATION & NUMBER OF PARTICIPANTS IN FUNDRAISER