



Scents of New England
Candle Co.

Fax Order Form to: 1.866.421.6216

Bill To:
Company Name: _____
Contact: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____

Ship To:
Company Name: _____
Contact: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____

Payment Method:

MC/Visa Money Order Check Paypal:

Credit Card Information:

Send Paypal Invoice to:

Name of Cardholder: _____
Card Number: _____
CVV Code: _____ Exp. MM _____ Yr. _____

E mail: _____

If paying by Money Order, Check, or Paypal Please do not remit payment until you have received a total with shipping or an invoice from Paypal.

Mail Payments to:

Scents of New England Candle Co.
P.O. Box 517
Raymond, NH 03077

*****Please use a separate blank sheet of paper for additional room or information.

