



Order Form

Order online at funshineexpress.com

926E East Industrial Dr
Dickinson, ND 58601
P: 1.800.340.8103
F: 1.701.483.8106

Name _____
 Business Name _____
 Street Address _____ PO Box _____
 City _____ State _____ Zip _____
 Daytime Phone () _____ Email _____

| Curriculum | # of Children | Single Month | Automatic Shipping | Prepay | Price |
|------------------------------------|--|---|---|--|-------|
| Fireflies® Monthly Kit | | For the month of _____ _____ | <input type="checkbox"/> Yes, send my kit automatically each month. _____ Starting _____ Ending | <input type="checkbox"/> 3 month (save 10%) <input type="checkbox"/> 9 month (save 12%) <input type="checkbox"/> 12 month (save 15%) _____ Starting Month | |
| | Choose One <input type="checkbox"/> Practice Pages <input type="checkbox"/> Journal | | | | |
| Buttercups® 2-Month Kit | | For the month starting _____ _____ | <input type="checkbox"/> Yes, send my kit automatically every other month. (circle all that apply) Sept/Oct Nov/Dec Jan/Feb Mar/Apr May/June July/Aug | <input type="checkbox"/> 3 kits (save 10%) <input type="checkbox"/> 5 kits (save 12%) <input type="checkbox"/> 6 kits (save 15%) _____ Starting Month | |
| Additional Kit Materials | <input type="checkbox"/> Yes, I would like _____ additional Fireflies® Starter Pack(s) for \$20.00 each. <input type="checkbox"/> Yes, I would like _____ additional Fireflies® Teacher Pack(s) for \$35.00 each per month. <input type="checkbox"/> Yes, I would like _____ additional Buttercups® Starter Pack(s) for \$20.00 each. <input type="checkbox"/> Yes, I would like _____ additional Buttercups® Teacher Pack(s) for \$45.00 each per kit. | | | | |
| Additional Materials | | | | | |
| Item Description | | | Quantity | Unit Price | |
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Method Of Payment

- Check or Money Order enclosed (payable to FunShine Express in US dollars)
 VISA Master Card Discover American Express

Credit Card # _____ Exp. Date _____

Signature _____ Security Code _____

Subtotal _____

Shipping & Handling _____
(Call for pricing)

If you live in ND or MN, add Sales Tax _____
(Call for pricing)

Total _____

Office Use

Received Entered By Order #