



Order Form

Order online at funshineexpress.com

926E East Industrial Dr
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 Street Address _____ PO Box _____
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Curriculum	# of Children	Single Month	Automatic Shipping	Prepay
Fireflies® Monthly Kit		For the month of _____	<input type="checkbox"/> Yes, send my kit automatically on the _____ of each month. <small>(choose 1st-20th)</small> _____ 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
Buttercups® 2-Month Kit		For the month starting _____	<input type="checkbox"/> Yes, send my kit automatically on the _____ of every other month. <small>(choose 1st-20th)</small> 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 Materials

Buttercups Babies® Infant Pack My World _____ On the Go _____ Pets I Know _____

Fireflies	Qty	Buttercups	Qty	Parent Note Pads	Qty	Child Progress Reports	Qty
Starter Pack		Starter Pack		Infant Grams		Infant (0-12 months)	
Teacher Pack		Teacher Pack		Toddler Times		Young Toddler (9-18 months)	
Card Keeper Box		Card Keeper Box		Daily Memos		Older Toddler (16-36 months)	
Monthly Journals						3 Year Old	
Monthly Practice Pages <small>(4 children/set)</small>						4 and 5 Year Old	

Method Of Payment

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

Credit Card # _____ Exp. Date _____

Signature _____ Security Code _____

Submit this form to:
funshine@funshineexpress.com

We will contact you with a price quote that includes applicable shipping and sales tax.

Office Use

 Received Entered By Order #