



# Order Form

Order online at [funshineexpress.com](http://funshineexpress.com)

926E East Industrial Dr  
Dickinson, ND 58601  
**P: 1.800.340.8103**  
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Name \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ PO Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

Curriculum	# of Children	Single Month	Automatic Shipping	Prepay	Price
<b>Fireflies® Monthly Kit</b>		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	
		<b>Choose One</b> <input type="checkbox"/> Practice Pages <input type="checkbox"/> Journal			
<b>Buttercups® 2-Month Kit</b>		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	
<b>Additional Kit Materials</b>	<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 \$32.00 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 \$42.00 each per kit.				
<b>Additional Materials</b>					
<b>Item Description</b>			<b>Quantity</b>	<b>Unit Price</b>	

**Method Of Payment** **Subtotal** \_\_\_\_\_

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

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ **Shipping & Handling** \_\_\_\_\_  
(Call for pricing)

Signature \_\_\_\_\_ Security Code \_\_\_\_\_ If you live in ND  
add 5% Sales Tax \_\_\_\_\_

**Total** \_\_\_\_\_

Office Use    \_\_\_\_\_  
 Received    Entered By    Order #