

Order Form

 Order online at funshineexpress.com
Name _____

Business Name _____

Street Address _____ **PO Box** _____

City _____ **State** _____ **Zip** _____

Daytime Phone () _____ **Email** _____

Type of Facility
 Home/Family
 Center/Preschool
 Group
 Head Start
 School w/CC or PreK

Activity Kit	# 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				
Monthly Art Pack		For the month of _____	<input type="checkbox"/> Yes, send my art pack automatically each month. _____ Starting _____ Ending	_____ Starting _____ Ending	
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"/> 5 kits (save 10%) <input type="checkbox"/> 6 kits (save 10%) _____ 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 \$30.00 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 \$40.00 each per kit.				
Felt Sets	<input type="checkbox"/> Yes, I would like _____ Felt Set(s) for \$6.50 each per month. Circle all that apply. Sept Oct Nov Dec Jan Feb Mar Apr May June July Aug				
Additional Materials					
Item Code	Description		Quantity	Unit Price	

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
 add 5% Sales Tax _____

Total _____