

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 \$5.00 each. <input type="checkbox"/> Yes, I would like _____ additional Fireflies® Teacher Pack(s) for \$20.00 each per month. <input type="checkbox"/> Yes, I would like _____ additional Buttercups® Starter Pack(s) for \$5.00 each. <input type="checkbox"/> Yes, I would like _____ additional Buttercups® Teacher Pack(s) for \$30.00 each per kit.				
Music & Movement CD	<input type="checkbox"/> Yes, I would like _____ CD(s) for \$10.00 each.				
Felt Sets	<input type="checkbox"/> Yes, I would like _____ Felt Set(s) for \$5.99 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 _____