

dt order form



*Customer Name _____

Child(ren) First Name and Birthdate (s)

*Email address _____

child's information NOT required

*Phone number _____

Street Address _____

City/State/Zip _____

*Required information

Item #	Qty	Description (as much as possible)	Cost per unit	Total cost
Checks Payable to American Butterflies Or Pay by Credit Card Or through PayPal – owner@abchildcarehome.com Order must be emailed, given or faxed to Darlene to be submitted.			Sub-Total A	
			S & H (sub-total A x .12)	
			Special Ship to your home add \$5	
			Sub-total B (add A, S&H, Special Ship)	
			Taxes (sub-total Bx.07)	
<input type="checkbox"/> Make my order part of a show for lower shipping			Total (add B + Taxes)	

Payment Method (check) credit card number

Check	_____
PayPal	Cardholder name _____
Visa	Exp. Date _____
Mastercard	Signature _____
American Express	_____
Discover	_____

Questions can be submitted to Darlene at owner@abchildcarehome.com