

Tropical Butterflies & Insects of America

6823 ROSEMARY DR • TAMPA, FLORIDA • 33625-3980
 TEL: (813) 963-6643 • FAX: (813) 960-0273

WWW.TROPICALBUTTERFLIES.COM

Specimen Order Form

Date: _____

SHIP TO: (please print)

Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Country (if outside USA): _____

Tel: _____ Fax: _____
 Email: _____

BILL TO: (leave blank if same as shipping)

Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Country (if outside USA): _____

Sales tax: Applicable Not applicable (provide number below)
 Resale #: _____

METHOD OF PAYMENT:

Minimum Order is \$30. Make all checks payable to *Tropical Butterflies and Insects of America*.

MasterCard VISA American Express Discover Check/Money Order International Bank Draft Pro Forma Invoice

Credit Card Number: _____ Exp Date: _____ CCID (last 3 digits above signature): _____

Please complete and mail or fax this form to the address and fax number above. Please order by item number. Where item numbers are available, descriptions are recommended but not necessary. A1 males will be supplied unless otherwise indicated in the description column. Please check the A- OK column if A- specimens are acceptable when A1 is not available. Please indicate alternates whenever possible.

Item Number	A- OK	Name	Quantity	Price	Extended Price

Please continue on back as necessary.

SHIPPING, HANDLING AND INSURANCE:

For purchases between \$50 and \$75, add \$10.
 For purchases between \$76 and \$100, please add \$11.
 For every additional \$100, please add \$1.00 per \$100.

Total from other side:	_____
Sub-total:	_____
⇄ Shipping, handling & insurance:	_____
Florida residents 7% sales tax:	_____
Total:	_____

SPECIAL INSTRUCTIONS OR COMMENTS:

Thank you for your order

