

# Tropical Butterflies & Insects of America

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 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:	_____
<b>Total:</b>	<b>_____</b>

**SPECIAL INSTRUCTIONS OR COMMENTS:**

  
  
  

**Thank you for your order**

