



*Providing Hope and Quality of Life for Amputees Since 1948*

P. O. Box 8313  
 Houston, Texas 77288-8313  
 Phone 713-524-3949  
 Fax 713-524-3915

Date: \_\_\_/\_\_\_/\_\_\_

Invoice # \_\_\_\_\_

**Payment must accompany order**

	Quantity	Cost
<i>A Manual for Below the Knee Amputee</i>		
<i>A Manual for Above the Knee Amputee</i>		
<b>Totals</b>		
<b>Shipping</b>		
<b>Amount Due</b>		

Shipping \_\_\_\_\_

Wgt. \_\_\_\_\_

<b>1 – 9</b>	<b>\$3.00</b>	<i>\$5.00 S&amp;H</i>
<b>10 – 99</b>	<b>\$2.50</b>	<i>\$8.00 S&amp;H</i>
<b>100 – UP</b>	<b>\$2.00</b>	<i>\$10.00 S&amp;H</i>
<b>Any Combination</b>		

*Ship To:* (We ship via UPS, No PO Boxes Please)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

*Method of Payment:*

- Check*  
 *Visa*     *Mastercard*     *Discover*     *American Express*

*Exp. Date* \_\_\_/\_\_\_ *Printed Name on Card* \_\_\_\_\_

*Card Number* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Signature:* \_\_\_\_\_