



*Payments can be made by the following methods:*

## Check

To pay by check, please make checks payable to Limbs & Things, Inc. and post with your completed order form to:

Limbs & Things, Inc  
P.O. Box 15669  
Savannah, GA 31416  
USA

## Credit Card

To pay by credit card, please complete the table below and return by post or fax with your completed order form:

| Credit Card Information                                 |  |                             |  |
|---|--|-----------------------------|--|
| <b>Card holders name</b><br>(as it appears on the card) |  |                             |  |
| <b>Card Type</b><br>(Mark as appropriate)               |  |                             |  |
| <b>Card Numbers</b>                                     |  |                             |  |
| <b>Expiration date</b><br>(mm/yyyy)                     |  | <b>Security Card Number</b> |  |

| Cardholder's Address (if different from Invoice Address) |                |                          |  |
|--|----------------|--------------------------|--|
| <b>Contact:</b>  |                |                          |  |
| <b>Company:</b>  |                |                          |  |
| <b>Address:</b>  |                | <b>Suite/Room/Floor:</b> |  |
| <b>City:</b>   | <b>State:</b>  | <b>Zip Code:</b>         |  |
| <b>Phone:</b>  | <b>E-mail:</b> |                          |  |

| Customer Authorization to Limbs & Things, Inc.                            |                              |
|---|------------------------------|
| I authorize Limbs & Things, Inc. to charge my account by the amount below |                              |
| <b>Amount \$:</b>   |                              |
| <b>Signed:</b>  | <b>Date:</b><br>(mm/dd/yyyy) |
| <b>Printed Name:</b>  |                              |

Complete form and fax to: (912) 629-0358