



ORDER FORM

Invoice Address (please complete in block capitals)	Delivery Address (If different)
Mrs / Miss / Ms / Mr / Other (please tick)	Mrs / Miss / Ms / Mr / Other (please tick)
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Mobile Number:	Mobile Number:
Email Address:	Email Address:

CODE	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
Comment	Above items to fit push/wheel chair with serial number/s;	N/A	N/A	N/A

Please make your cheque/postal order payable to **Tendercare Ltd** and return your completed order and VAT exemption form to:

Tendercare Ltd
 PO BOX 3091
 Littlehampton
 BN16 2WF

SUB TOTAL	£
POSTAGE & PACKAGING	£
GRAND TOTAL	£

VAT ZERO RATING FORM

AIDS FOR DISABLED PERSONS SUPPLIED TO AN INDIVIDUAL

I (CHILD/PRODUCT USER'S NAME)

.....

OF (ADDRESS)

.....

.....

.....

.....

TELEPHONE NUMBER

DECLARE THAT I AM AN ELIGIBLE PERSON UNDER PARAGRAPH 1 OF VAT LEAFLET 701/7(94), THAT I AM SUFFERING FROM:

DESCRIPTION OF ILLNESS

AND THAT I AM RECEIVING FROM

TENDERCARE LIMITED
PO BOX 3091
LITTLEHAMPTON
BN16 2WF

THE FOLLOWING GOODS WHICH ARE BEING SUPPLIED TO ME FOR DOMESTIC OR MY PERSONAL USE

DESCRIPTION OF GOODS:

.....

AND I CLAIM THAT THE SUPPLY OF THESE GOODS OR SERVICES IS ELIGIBLE FOR RELIEF FROM VALUE ADDED TAX UNDER GROUP 12 OF SCHEDULE 8 OF THE VALUE ADDED TAX ACT 1994

..... SIGNATURE (CLIENT/PARENT/CARER)

Please note that if you are filling in the form interactively a typed name will be considered a signature.

..... DATE

There are several penalties for making a false declaration. If you are in any doubt about your own eligibility or the eligibility of the goods or services you are buying, you should get advice from any local VAT office before signing this declaration.