



## ORDER FORM

<b>Invoice Address</b> (please complete in block capitals)	<b>Delivery Address</b> (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
<b>Comment</b>	<b>Above items to fit push/wheel chair with serial number/s;</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

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	£
<b>GRAND TOTAL</b>	<b>£</b>

**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.