

**ORDER FORM**

Invoice Address (please complete in block capitals)	Delivery Address (If different)
First Name:	First Name:
Surname:	Surname:
Address:	Delivery Address:
Mobile Number:	Delivery Mobile Number:
Email Address:	Delivery Email Address:

CODE	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
(If applicable)	Please mark the quote No:	N/A	N/A	N/A
Serial number/s:		N/A	N/A	N/A
Payment can be made by online Bank Transfer and our details are as follows: Tendercare Limited HSBC Sort Code: 40-47-22 Account Number: 11283448			SUB TOTAL	£
			POSTAGE & PACKAGING	£
			GRAND TOTAL	£

Alternatively send a cheque with your completed order and VAT exemption form:

Tendercare Ltd
Unit 10, Minster Court
Courtwick Lane, Littlehampton
West Sussex. BN17 7RN

Email:
orders@tendercareltd.com

Website:
www.tendercareltd.com

Telephone:
01903 726161

Tendercare Ltd - VAT ZERO RATING FORM

AIDS FOR DISABLED PERSONS SUPPLIED TO AN INDIVIDUAL

I (CHILD'S NAME).....

OF (ADDRESS)

.....

.....

MOBILE 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
Unit 10, Minster Court, Courtwick Lane,
LITTLEHAMPTON, West Sussex
BN17 7RN

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

DESCRIPTION OF GOODS:

.....

AND I CLAIM THAT THE SUPPLY OF THESE GOODS ARE 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.

Please be advised, we will only use your data for the purpose of fulfilling your order.