HANDY HEALTHCARE ORDER FORM – CALL 0844 357 0382 FOR HELP

Customer details

Name _____

Address _____

_____

_____

_____ Post Code _____

Daytime Tel. No. _____

Delivery details (if different from customer details)

Name _____

Address _____

_____

_____

_____ Post Code _____

Daytime Tel. No. _____

Code No.	Description	Qty	Price Each	Total

Sub Total		
Carriage	**£4**	**95**
Total to Pay		

Handling and Carriage
A charge of £4.95 is made for handling and carriage of all orders. This covers order processing, packaging, handling, insurance and delivery costs.

Payment Method *(Please make cheques or postal orders out to Handy Healthcare Ltd)*

☐ I enclose a cheque/postal order for £_____ or

☐ Please charge my Credit Card for the items above ☐ Mastercard ☐ Visa ☐ Maestro

Please quote you card no. and expiry date below

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expires: Month ☐☐ Year ☐☐

Issue no: ☐☐

Signature _____ Date _____

Why two prices – VAT zero rating

Some of the products in this catalogue are designed specifically for the relief of chronic illness or disability and may be purchased, by those eligible, without paying VAT. The VAT free prices are shown in brackets. For the products which do not illustrate prices in brackets, VAT relief cannot be claimed AND EVERYONE HAS TO PAY VAT.

You can qualify for VAT relief if you are chronically sick or disabled and are purchasing goods for personal and domestic use which are relevant to your disability. To claim VAT relief you must complete in full the declaration on our order form.

VAT declaration – if you qualify for VAT zero rating you must complete this section to claim relief from VAT on the goods that you are ordering.

Goods and Services for disabled persons: Eligibility declaration by an individual. I declare that I am / the person for whom I am buying is / chronically sick or disabled by reason of (give a full and specific description of your condition),

_____

and that I am receiving the goods detailed above which are being supplied to me for domestic or my personal use and claim relief from value added tax under group 12 of schedule 8 to the Value Added Tax 1994

Signature _____

Date _____

PLEASE COMPLETE THIS FORM AND RETURN TO:

Handy Healthcare Ltd, 175 North Road, Preston, Lancashire, PR1 1YQ