Order Form

Media Code - **HC001**

Order by credit card:
08444 124 331

By Fax:
01457 860 555

By Post:
Homecare, Patterson Medical Ltd,
Unit 13, Glossop Brook Business Park,
Glossop, Derbyshire SK13 7AJ

By Web:
www.physiomedhomecare.com

PLEASE NOTE THAT VAT EXEMPTION CANNOT BE CLAIMED BY TELEPHONE.

OPENING HOURS: MONDAY - FRIDAY 8.30AM - 5.00PM

Customer Details

(BLOCK CAPITALS PLEASE)

Mr/Mrs/Miss/Ms

Address

Postcode

Daytime Tel No.

If the delivery address is different, please specify opposite.

Delivery Details

(BLOCK CAPITALS PLEASE)

Mr/Mrs/Miss/Ms

Address

Postcode

Daytime Tel No.

Email address

☐ **Please tick if you would like to receive emails from us about products or services which may be of interest to you.**

Qty	Ref. No.	Description	Size	Colour	Price Each £	Price Each P	Total Goods £	Total Goods P
						TOTAL GOODS		

CARRIAGE AND HANDLING:
Orders of £10.00 or more will be charged at £4.95. Orders of less than £10.00 will be charged at £2.25.

CARRIAGE

TOTAL TO PAY

Method of Payment

I wish to pay by (Please tick):

CHEQUE ☐ **POSTAL ORDER** ☐ (Made payable to **Patterson Medical Ltd.**)

or please debit my:

MASTERCARD ☐ **VISA** ☐ **MAESTRO** ☐

PLEASE QUOTE YOUR CARD NUMBER AND EXPIRY DATE

SECURITY NUMBER

In order to authorise your card transaction, we require your security number. This is the last three digits on the reverse of your card, above the signature.

EXPIRY DATE: Month Year Maestro Issue No.

Signed Date

☐ Tick if you do not want to receive information from other Mailing Companies.

DECLARATION FOR RELIEF FROM VAT

I am chronically sick or have a disability (as defined below) and I am receiving from Youreable the goods on this order form, which are for my personal or domestic use only. I claim that the supply of these goods is eligible for relief from VAT under the VAT Act 1994. Insert details of your chronic sickness or disability below.

Note: It is an offence to make a false declaration.

Signed Date

Physio Med

PATTERSON MEDICAL