



To order phone 01454 852 032

Or send this Order Form to;
Yew Porch, Box, Stroud, Gloucs GL6 9HR

Please send these products to:

Mr/Mrs/Miss .....

Address .....

.....Tel. ....

Table with 6 columns: QTY, PRODUCT CODE, DESCRIPTION, SIZE, PRICE EACH, TOTAL GOODS. Includes a TOTAL/DUE row at the bottom right.

I enclose my cheque for £ ..... Made payable to MUZZELL HEALTHCARE

VAT Disclaimer

Please sign the VAT Disclaimer below if either:

- 1. These product are going to be worn by you because you suffer from incontinence; or
2. You are using funds belonging to the person who is going to use the product.

I declare that I am chronically sick or disabled and that I am receiving from:

MUZZELL HEALTHCARE, Yew Porch, Box, Stroud, Gloucs GL6 9HR

the above goods which are being supplied to me for my personal use:

Incontinence Products and I claim that the supply of these goods is eligible for relief from Value Added Tax under Group 14 of the Schedule 5 to the Value Added Act 1983

I ..... Print Full Name

Signed ..... Date .....