



To order phone 01454 852 032 or 01666 848 342

Or send this Order Form to;
 Stonewick House, Sandpits Lane, Sherston, Wiltshire, SN16 0NN

Please send these products to:

Mr/Mrs/Miss

Address

.....Tel.

| QTY | PRODUCT CODE | DESCRIPTION | SIZE | PRICE EACH | TOTAL GOODS |
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| | | | TOTAL | DUE | |

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, Stonewick House, Sandpits Lane, Sherston, SN16 0NN
 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