

ORDER FORM



Please send me an invoice (Account Holders only - refer to "How to Order") £

I enclose a cheque (made payable to The Kirton Healthcare Group Ltd) £

Please debit my **VISA/MASTERCARD/SWITCH** - Security code -

Card Expiry Date	<input type="text"/>	Issue Number	<input type="text"/> <input type="text"/>
Cardholder's Name	<input type="text"/>		
Cardholder's Address	<input type="text"/>		
<input type="text"/>			
<input type="text"/>			

Authorised Signature	<input type="text"/>
Block Capitals	<input type="text"/>

PRIVATE INDIVIDUAL VAT EXEMPTION CERTIFICATE
 Eligibility Declaration by or for an individual for VAT Zero-Rating on goods for Disabled Persons
 Value Added Tax (Aids to Disabled) Act 1994 Group 12, Item 2, Schedule 8



Clients Name	<input type="text"/>	Authorised Signature	<input type="text"/>
Location	<input type="text"/>	Name in Block Capitals	<input type="text"/>
Date	<input type="text"/>	Position	<input type="text"/>

CHARITY VAT EXEMPTION CERTIFICATE
 Eligibility Declaration by a charity for VAT Zero-Rating on goods for Disabled Persons
 Value Added Tax (Aids to Disabled) Act 1994 Group 12, Item 2, Schedule 8

I hereby declare that the goods to which this order relates are being purchased by the named charity which are available to a specific person or persons for domestic or their personal use and I claim V.A.T. relief under the above Act.

Charity	<input type="text"/>	Authorised Signature	<input type="text"/>
Location	<input type="text"/>	Name in Block Capitals	<input type="text"/>
Date	<input type="text"/>	Position	<input type="text"/>