One Stop Care Shop Order Form **Carer's Name _____**
Date of Order:_____

Name:	
Billing Address:	
Delivery Address: If different from above	
Phone	
Email	

Items Required

Item	**Colour/Size/ Description**	**Item Cost**	**Quantity**	**Total Cost**
			Delivery	£5.00
Delivery of furniture/scooters or heavy items will be charged at £25.00				

If you are a Live Well at Home Service User please deduct 10% off your total.	Total less 10%: £

If you are not VAT exempt please use the Item Cost including VAT shown on the stock list and Able2 catalogue. If you are VAT exempt or purchasing for someone who is VAT exempt, please use the 'Non VAT' cost shown and complete the VAT exempt declaration on the back of this form.

To order please complete the payment details on the back of this form or call 0845 026 7944 and place your order over the phone with a credit or debit card.

Payment details

We accept most major credit cards and debit cards. Cheques must be in UK sterling and made payable to Live Well at Home. Orders paid by cheque will be despatched once the cheque has cleared. If you are a Live Well at Home service user we can invoice you for your purchase.

Once completed, please return order form to:
Live Well at Home
One Stop Care Shop
77 High Street
Cheltenham
Glos
GL50 1DU

Card ☐ Cheque ☐ Cash ☐ Invoice (LWH service Users only) ☐

Debit /Credit Card Details

Delta ☐ Master Card ☐ Switch/Maestro ☐ Visa ☐

Start Date ☐☐ / ☐☐ Expiry Date ☐☐ / ☐☐ Security 3 digit code ☐☐☐

Issue No. ☐ Card Holder

Card No.

Remember to add £25.00 delivery if you are ordering a large or heavy item.

Complete the following if you are purchasing non VAT goods:

VAT Declaration

I (full name of the person who will use the products).

Of (address)

Declare that I am chronically sick or disabled because I have (please be specific):

I am receiving products from Live Well at Home which are to be used for domestic or my personal use. I claim relief from Value Added Tax under Group 12 of Schedule 8 to the Value Added Tax Act 1994.

Signature (if applying for yourself)

Signature (if applying on behalf of someone else)

Date:_____

By completing this form you authorise Live Well at Home Ltd to hold your information on file. This data will be used for VAT accounting purposes only.