

ORDER FORM

Please complete the form below with the details of the products you wish to order.

If you are eligible for VAT relief, then, for each product required you only pay the price excluding VAT. If a VAT exclusive price is not quoted for the product then the price including VAT must be paid.

| Order Code | Description | Price Excluding VAT | Price Including VAT | Quantity | Total Price £ |
|------------|-------------|---------------------|---------------------|----------|---------------|
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Postage & packaging for UK mainland addresses ONLY: ■ Standard Carriage: £5.99 (Inc. Vat)
 Please enquire for delivery to areas outside this area ■ 24-Hour Carriage: £8.99 (Inc. Vat)

Grand Total payable to 'Sarabec Ltd' (cheques may take up to 7 days to clear)

DELIVERY NAME & ADDRESS

If claiming VAT relief please complete the certificate overleaf.

| | |
|----------------|---------------|
| Name: | |
| Address: | |
| | |
| | |
| Postcode: | Telephone no: |
| E-mail address | |

If you have entered an email address above, please can we send your invoice to that address? YES / NO
 Would you like to receive details of our products from us in future? (Please tick) By post? By email?

CREDIT/DEBIT CARD PAYMENT

I wish to pay by (please tick): **VISA** **MasterCard** **AMERICAN EXPRESS**

Please debit my card number

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| Card Valid from: | Card Expiry date: | Issue No.: |
| CVV Security Code: <i>The security code consists of the last three/four digits found on the signature strip.</i> | | |
| Card holder's name as shown on card (PLEASE PRINT): | | |
| Card holder's signature: | Date: | |
| Address: | | |
| | | |
| | | |
| Postcode: | Telephone no: | |

To help us improve our service please can you tell us where you obtained this catalogue



VAT RELIEF CERTIFICATE

Please note there are penalties for making false declarations

If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult notice 701/7 reliefs for disabled people (viewable at www.hmrc.gov.uk) or contact the National Advice Service on 0845 010 9000 before signing the declaration.

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|------------|
| Full Name: |
| Address: |
| |
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| |
| Postcode: |

I declare that:

- I have a hearing disability
- I am receiving from Sarabec Ltd, 15 High Force Road, Middlesbrough, TS2 1RH the items overleaf which are being supplied to me for my domestic or personal use.
- I claim relief from VAT.

| |
|------------|
| Signature: |
| Date: |



SARABEC LIMITED

15 High Force Road, Middlesbrough TS2 1RH

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Website: www.sarabec.com | E-mail: mail@sarabec.co.uk