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.

Qualan	Description		Dutas	Dutas	0	Tatal Duitas	
Order	Description		Price	Price	Quantity	Total Price	
Code			Excluding	Including		£	
			VAT	VAT			
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)							
	tal payable to 'Sarab						
	Y NAME & ADDRE VAT relief please comp		overleaf.				
Name:							
Address:							
Destanda			Talambanana				
Postcode:			Telephone no:				
E-mail add	ress						
If you have	entered an email addre	ss above please can	we send your in	voice to that	address? YES	/ NO	
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?							
	DEBIT CARD PAYM						
wish to pay	y by (please tick):	VISA	MasterCard	AMIERICAN ECRESS e			
Please debit	my card number						
Card Valid	from:	Card Expiry date:		Issue No.			
CVV Securi	ity Code: The security of the			ligits found c	on the		
3		card (PLEASE PRIN	<i>(T</i>):				
Card holder's name as shown on card (PLEASE PRINT):							
Card holder's signature: Date:							
Address:							
Postcode:		Telephone no:					
	• •						
	improve our service you tell us where						
	ned 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 0300 200 3700 before signing the declaration.

Full Name:	
Address:	
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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