

# **ORDER FORM**

ROSE HEALTH CARE

60 St. Matthews Street

Ipswich

Suffolk IP1 3EP

Tel/Fax : (01473) 258508

e-mail : [rosehealthcare@btconnect.com](mailto:rosehealthcare@btconnect.com)

[www.rosehealthcare.biz](http://www.rosehealthcare.biz)

Qty	Item No	Description	Cost
Total Cost of Goods			£
Handling & Carriage (price on request)			£
<b>TOTAL COST TO PAY</b>			<b>£</b>

Name..... Tel No.....

Address.....

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## **Declaration for Relief from VAT**

I declare that I am chronically sick or disabled and that I am receiving goods from the above Company which are for my personal or domestic use. I claim that the supply of these goods is eligible for relief from VAT under the VAT Act 1984.

Signed.....Dated.....

**Please forward this completed form to the above address with a Postal Order (made payable to R. Jenkins if under £20 or Rose Health Care if over £20) for the required amount.**