



**GRAVELLE'S**  
Mobility & Lifestyle

**Gravelles Mobility & Lifestyle Ltd.**

26 Lon Lindys, Rhoose Point  
Vale of Glamorgan  
CF62 3LU

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✉ enquiries@gravelles.co.uk

INVOICE ADDRESS		DELIVERY ADDRESS	
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Phone:		Phone:	
Mobile:		<i>(only complete if different from Invoice Address)</i>	

I wish to pay by:  **Cheque**  
 **Credit Card**

Cheque No: \_\_\_\_\_

*(Cheques made payable to Gravelles Mobility & Lifestyle Ltd)*

CREDIT CARD	
Name on Card:	
Card Number:	
Sig. Digits (*):	
Issue No (#):	
Expiry Date:	

*(\*) Last 3 digits in number on back of card*

*(#) Switch Only*

	Qty	Code	Item	Colour / Size	Item Price		Total Goods	
					£	p	£	p
1								
2								
3								
4								
5								
<b>TOTAL GOODS</b>								
<b>VAT (17.5% if applicable)</b>								
<b>TOTAL TO PAY</b>								

**DECLARATION FOR VAT RELIEF**

I am chronically sick or disabled (as defined below) and I am receiving from Gravelles Ltd. the goods on this order form 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 1994.

Chronic Sickness / Disability:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL DELIVERY INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_

Please tick if you would like to hear more information about special offers and our ever expanding product range:

**\*\* Please see website for terms & conditions \*\***