



GRAVELLE'S
Mobility & Lifestyle

Gravelles Mobility & Lifestyle Ltd.

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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								
TOTAL GOODS								
VAT (17.5% if applicable)								
TOTAL TO PAY								

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 ****