



Speech Aids to Enhance Your Lifestyle

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CUSTOMER ORDER FORM

Customer's own Order/Reference Number (if applicable):

PART CODE/DESCRIPTION	NO.	UNIT COST	EXTENDED PRICE

DELIVERY	£ _____
*VAT @ 17.5%	£ _____
TOTAL	£ _____

* VAT Exemption form available for qualifying individuals or Registered Charities

INVOICE ADDRESS	DELIVERY ADDRESS
Name:	Name:
Company:	Company:
Address:	Address:
.....
.....
Post Code:	Post Code:
Tel. No.	Tel. No.
Fax No.	Fax No.

Authorised signature:

Print name:

Date: