

Nice Mobility  
 543 Hertford Road, Enfield, Middlesex, EN3 5EQ  
 Telephone: 0208 443 3800

**INVOICE ADDRESS**

**DELIVERY ADDRESS (if different)**

<b>NAME</b>		<b>NAME</b>	
<b>ADDRESS</b>		<b>ADDRESS</b>	
<b>POSTCODE</b>		<b>POSTCODE</b>	
<b>TELEPHONE</b>		<b>TELEPHONE</b>	
<b>MOBILE</b>			

I wish to pay by: **Cheque**  **(make payable to Nice Mobility)**  
**Credit Card**

**CREDIT CARD PAYMENT**

NAME ON CARD	
CARD NUMBER	
SECURITY CODE*	
ISSUE NUMBER #	
START DATE #	
EXPIRY DATE	

\*Last 3 digits on back of card. # if applicable.

**ORDER DETAILS**

ITEM NO	PRODUCT CODE	DESCRIPTION	QTY	ITEM PRICE	TOTAL
1					
2					
3					
4					
5					
				SUBTOTAL	
				+VAT (If applicable)	
				TOTAL	

**DECLARATION FOR VAT RELIEF**

I declare that I am chronically ill or disabled as stated below and I am receiving the goods on this order form from Nice Mobility for my personal or domestic use. I claim that the supply of these goods is eligible for VAT relief under the VAT act 1994.

Chronic illness or disability.....

.....

Signed..... Date.....

**DELIVERY INSTRUCTIONS**

Please tick if you wish to receive more information about the Nice Mobility product range.