



Product Order Form

Name:			
Organisation:			
Address 1:			
Address 2:			
Town:		Post Code:	
County:			
Telephone:		Fax:	
Email:			
Purchase Order Number or Reference if Required:			
Item	QTY	Code	VAT Exempt (tick if applicable and complete form)
1.			Yes <input type="checkbox"/>
2.			Yes <input type="checkbox"/>
3.			Yes <input type="checkbox"/>
4.			Yes <input type="checkbox"/>
5.			Yes <input type="checkbox"/>
6.			Yes <input type="checkbox"/>
7.			Yes <input type="checkbox"/>
8.			Yes <input type="checkbox"/>
9.			Yes <input type="checkbox"/>
10.			Yes <input type="checkbox"/>
11.			Yes <input type="checkbox"/>
12.			Yes <input type="checkbox"/>

Please complete the form and return with any VAT exemption forms that may be applicable. A pro forma invoice will be despatched to you as soon as possible and goods in stock will be despatched upon payment. **Note:** Due to the bespoke nature of our work and size of the organisation it is not always possible to keep an extensive stock. At the time of ordering we will inform you of the anticipated delivery time of your complete order and identify any options that are available to you.

For Office use Only

Received	Checked	Pro Forma	Confirmed	Paid	Despatched	Arrived

Equal Adventure Developments
 Soapstone Studios, Dulnain Bridge, Morayshire. PH26 3NU
 Tel: +44 (0) 1479 861200. Fax: +44 (0) 1479 780538
 Email: equal@equaladventure.co.uk

www.equaladventure.co.uk



VAT Exemption Declaration (Charity)

Please note: there are penalties for making false declarations

Dear Customer,

If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult Notice 701/7 VAT reliefs for disabled people or contact the National Advise Service on 0845 010 9000 before signing the declaration.

I (full name and status in charity)

.....

Of (name and address of charity)

.....

Declare that the charity named above is receiving from Equal Adventure the following goods which are to be made available to a disabled person or persons for domestic or their personal use:

.....

.....

.....

And I claim relief from value added tax.

..... (Signature)..... (Date)

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VAT Exemption Declaration (Disabled person)

Please note: there are penalties for making false declarations

Dear Customer,

If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult Notice 701/7 VAT reliefs for disabled people or contact the National Advise Service on 0845 010 9000 before signing the declaration.

I (full name)

Of (address)

Declare that I am chronically sick or have a disabling condition by reason of

and that I am receiving from Equal Adventure the following goods which are being supplied to me for my personal use:

And I claim relief from value added tax.

.....(Signature)..... (Date)

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