ORDER FORM

Please print this page and fill in your details. Send the completed form to us at: **69 Hillside Crescent, Weldon, Corby, Northants, NN17 3HF**. Payment can be made by Cheque (made payable to PainFree Healthcare Limited) or by Debit/Credit Card.

Name:

Address:

Post Code:

Telephone:

E-mail Address:

(If you are liable for tax relief, please fill in this section, if not please ignore this section)

I declare that I am chronically sick or disabled because I am suffering from (please give full description of your condition in the box provided below).

And that I am receiving from PainFree Healthcare Limited a Painwave X4000 pain management device and I can claim VAT relief

Card Number

Expiry Date | Valid from | Security Code | Issue No

Please tick as appropriate

☐ Total Payable: £149.95 for one Painwave X4000 including p&p and VAT

☐ Total Payable: £127.62 for one Painwave X4000 including p&p (VAT Exempt)
(please note there are penalties for false declaration)

Signature _____ Date _____

PainFree Healthcare Limited, 69 Hillside Crescent, Weldon, Corby, NN17 3HF
VAT: **856 0069 23** Registered: England: **05343802**