

order form

Please quote your Just Care Account Number

OR Tick box for a new account & complete account application form on page 259
 OR
 If you do not want to open an account, please complete Order Form below, with Credit/ Debit Card details or enclose a Cheque

- I enclose cheque payable to Just Care Group for £ _____
- Please debit my Credit / Debit Card Type _____

Photocopy As Required



Card Number
 Issue Number
 Valid From
 Expiry Date
 Security Code

Signature: _____ Card Name: _____
 Invoice Name: _____ Delivery Address -if different from invoice address _____
 Invoice Address: _____ _____

 Post Code: _____
 Contact Name: _____ Post Code: _____
 Tel: _____ Fax: _____ Contact Name: _____
 Email: _____ Tel: _____ Fax: _____

Product Code	Product Description	Colour	Size	Qty	Single Price	Total
_____	_____	_____	_____	_____	£_____	£_____
_____	_____	_____	_____	_____	£_____	£_____
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_____	_____	_____	_____	_____	£_____	£_____

Fax to
020 8965 6422
 or Post to
FREEPOST
RRTY - JYJB - UTJZ
Just Care Medical
1 Bashley Road
London
NW10 6TE

THANK YOU FOR YOUR ORDER

10% Discount on 1st Order
 OR
3% Discount With Order Over £500
 OR
5% Discount With Order Over £1000

Total	£_____
Discount	£_____
Sub Total	£_____
Delivery Charge*	£_____
Total Ex VAT	£_____
VAT	£_____
Grand Total	£_____

JUST CARE
POWER to give you . . .
BETTER VALUE

*** Delivery Charge**
 Mainland UK only excludes some furniture & equipment
 Order less than £75 ex VAT **£5.00**
 Order more than £75 ex VAT **FREE**

For our Terms & Conditions of Sale please see page 258



2011