

# BIME

## SALES ORDER FORM

Registered Charity No. 256335  
Company Registered No. 933932  
VAT Registration No. 700 8252 71

Bath Institute of Medical Engineering Ltd.  
Wolfson Centre  
Royal United Hospital  
Bath BA1 3NG  
Tel. 01225 824103, Fax 01225 824111  
Email. [bime@bath.ac.uk](mailto:bime@bath.ac.uk)

<b>Customer Information</b>		Your order Ref		<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>	Title <input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>			
Postcode	<input type="text"/>			
Tel. No.	<input type="text"/>			
Status	Parent <input type="checkbox"/>	Teacher <input type="checkbox"/>	Therapist <input type="checkbox"/>	Other <input type="checkbox"/>
How did you hear about us?		<input type="text"/>		

<b>Order Information</b>			
Description	Quantity	Unit price	Total Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Goods Total			<input type="text"/>
Carriage			<input type="text"/>
Total excl VAT			<input type="text"/>
VAT (see over)			<input type="text"/>
Total			<input type="text"/>
Date of Order	<input type="text"/>		

<b>Payment Details</b>	
<input type="checkbox"/>	Please send me an invoice
<input type="checkbox"/>	I would like to pay by Mastercard/VISA credit card
	Mastercard <input type="checkbox"/> VISA <input type="checkbox"/>
Card Number	<input type="text"/>
Card Expiry Date	<input type="text"/>
Signature	<input type="text"/>
Card Holders Name	<input type="text"/>
n.b. Invoices are only raised, or credit card details processed, <u>after</u> delivery.	

## VAT RELIEF - AIDS FOR DISABLED PERSONS

Equipment or appliances designed solely for use by a disabled person, and which are supplied to:

- A) a disabled person for domestic or his or her personal use
- B) a registered charity to be made available to a specific disabled person or persons for domestic or their personal use

may be zero rated for VAT. To claim the relief one of the following declarations must be completed as appropriate.

If you are in any doubt as to whether you are eligible for the relief described below, you should consult your local VAT office before signing the declaration. Further details may be found in VAT leaflet 701/7/94.

### A) Supply to an individual.

I (full name) .....

of (address) .....

declare that I am chronically sick or disabled by reason of: .....  
(give a full and specific description of your condition)

and that I am receiving from The Bath Institute of Medical Engineering Ltd, Wolfson Centre, Royal United Hospital, Bath

the following goods which are being supplied to me for domestic or my personal use

.....

and I claim relief from value added tax under Group 12 of Schedule 8 to Value Added Tax Act 1994

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

### B) Supply to a registered charity

I (full name .....  
and status in charity)

of (name and .....  
address of charity)

declare that the charity named above is receiving from The Bath Institute of Medical Engineering Ltd, Wolfson Centre, Royal United Hospital, Bath

the following goods which are to be made available to a specific disabled person or persons for their domestic or personal use

.....

and I claim relief from value added tax under Group 12 of Schedule 8 to Value Added Tax Act 1994

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

Warning: Section 60 of the VAT Act 1994 provides for severe penalties for anyone who makes use of a document which they know to be false for the purposes of obtaining VAT relief.