NU-CARE PRODUCTS LIMITED

Issue: WEB1009

UNIT 21 BROADMEAD BUSINESS PARK
BROADMEAD ROAD, STEWARTBY
BEDFORDSHIRE MK43 9NX
Tel: 01234 766738 Fax: 01234 766739

Web: www.nu-careproducts.co.uk
Email: sales@nu-careproducts.co.uk

Order Form

Your Details

Your Address

Account Number (if known).....

Company/Surgery Name.....

.....

Address.....

.....

.....

.....Postcode.....

Contact Name.....

Tel Number.....

E-mail.....

Delivery Address/Instructions (if different)

Company/Surgery Name.....

.....

Address/Instructions.....

.....

.....

.....Postcode.....

Order Form

Stock Code	Description	Qty.	Unit Price	Total
M0300	*Sponge Holder*	*2*	*4.30*	*8.60-Example*

Net Total-	
Packing & Delivery-	**4.95**
Sub Total-	
VAT @ 17.5%*-	
BALANCE DUE-£	

Packing & Delivery is FREE within the UK mainland if order is over £85 Net Total.
Sorry! Free delivery does not apply to NORTHERN IRELAND (£10.00 per parcel) or SCOTTISH HIGHLANDS & OFFSHORE ISLES (£10.00 per parcel).

** VAT to be charged at the prevailing rate. (17.5% at time of publishing)*

Delivery Rates

Order value (exclusive of VAT)	
UK Mainland (inc. Isle of Wight) - Orders under £85 Net	**£4.95**
UK Mainland (inc. Isle of Wight) - Orders over £85 Net	**FREE**
Northern Ireland - All Orders	**£10.00***
Scottish Highlands & Offshore Isles - All Orders	**£10.00***

* Northern Ireland and Scottish Highlands & Offshore Isles rates are quoted PER PARCEL, please request a delivery quotation if in any doubt.

Upgraded Delivery Rates	
UK Mainland - Next Day Delivery Before 12pm	**£8.50***
UK Mainland - Next Day Delivery Before 10am	**£16.00***
UK Mainland - Saturday Delivery	**£16.00***

*Upgraded delivery rates are quoted PER PARCEL, please request a delivery quotation if in any doubt, excludes some parts of Scotland and Offshore Isles, subject to stock availability, orders to be placed by 12pm.

Placing an Order

Placing an order is easy via :

TELEPHONE	**01234 766 738**
FAX	**01234 766 739**
EMAIL	**sales@nu-careproducts.co.uk**
ONLINE	**www.nu-careproducts.co.uk**
POST	**Address at top of order form**

Payment Options

☐ Please open a 21 day Nu-Care credit account to which we agree to abide by the Nu-Care Products Ltd Terms & Conditions of sale.

☐ Please find enclosed payment in full for the above order to the sum of:
£_____
Cheque payable to Nu-Care Products Limited

☐ I Would like to pay by credit/debit card as below:
Card Type: VISA MAESTRO MASTERCARD

Security Number ☐☐☐

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐

Card Start Date ☐☐/☐☐ **Card Expiry Date** ☐☐/☐☐ **Maestro Issue No.** ☐☐

Signature - Please sign for credit/debit card payments _____

'Due to improved security measures we may need to telephone you for card transactions'.

Need more order forms? - Please contact us, or feel free to print or download from our website: www.nu-careproducts.co.uk/orderform.pdf