order form

Please quote your Just Care Account Number

____/____/____/____/____/____ **OR** ☐ Tick box for a new account & complete account application form on page 121 **OR** If you do not want to open an account, please complete Order Form below, with Credit/ Debit Card details or enclose a Cheque

Photocopy As Required

VISA MasterCard Maestro SOLO

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

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Issue Number ☐☐ Valid From ☐☐☐☐ Expiry Date ☐☐☐☐ Security Code ☐☐☐

Signature: _____

Invoice Name: _____

Invoice Address: _____

_____

Post Code: _____

Contact Name: _____

Tel: _____ Fax: _____

Email: _____

Card Name: _____

Delivery Address -if different from invoice address _____

_____

_____

Post Code: _____

Contact Name: _____

Tel: _____ Fax: _____

Please add me to the Just Care mailing list Please tick ☐ Yes ☐ No

Product Code	Product Description	Colour	Size	Qty	Single Price	Total
__-__-__-__					£	£
__-__-__-__					£	£
__-__-__-__					£	£
__-__-__-__					£	£
__-__-__-__					£	£
__-__-__-__					£	£
__-__-__-__					£	£
__-__-__-__					£	£
__-__-__-__					£	£
__-__-__-__					£	£
__-__-__-__					£	£

Fax to

020 8965 6422

or Post to

FREEPOST
RRTY - JYJB - UTJZ
Just Care Podiatry
1 Bashley Road,
London
NW10 6TE

For our Terms & Conditions of Sale please see page 124

THANK YOU FOR YOUR ORDER

10% Discount on 1st Order
OR
3% Discount Payment with Order
PLUS
Order Value Discounts 3% or 5%

See page opposite for details of payment discounts

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

JUST CARE

POWER to give you . . .

BETTER VALUE

2011

*** Delivery Charge Scale**

Mainland UK only, excludes some furniture & equipment

Order less than £75 ex VAT	£5.00
Order more than £75 ex VAT	FREE