AKW MediCare
PARTNERS IN CARE

ORDER FORM

Name of person ordering: .....
Company: .....
Address: .....
.....
Post Code*: .....

Date: ..... Account no: .....
Order / Ref No: .....
Tel No: .....
Fax / E-Mail: .....

QTY	Product Code	Description	Price

Screen Height: 900mm ☐ 750mm ☐ Full Height ☐ Made To Measure ☐
please supply drawings
see page 212 catalogue 2009

Waste Option: Gravity ☐ Standard Pumped ☐ Upward Pumped ☐

Delivery Address: .....
.....
.....
.....
Post Code*: .....
Site Contact: .....
Contact Tel No: .....
Delivery to business address: ☐

Delivery Date Required: .....

Delivery Service:

Standard Service: ☐

Before 12 ☐ Before 10 ☐ Before 9 ☐

NOTE: Extra charge for a NON standard service

Payment Terms

Account ☐ Credit / Debit card ☐ Cheque ☐

We will call you for card details

* required field

Have you thought about..

Seats (see from p234 in 2009 catalogue) ☐
Grab rails (see from p222 in 2009 catalogue) ☐
Pumps (from p214 in 2009 catalogue) ☐
Toilet plinths (see p229 in 2009 catalogue) ☐
Support poles (see p230 in 2009 catalogue) ☐
Electric shower heater (see p217 in 2009 catalogue) ☐

Complete this form and return it to: AKW Medi-Care Ltd, Pointon Way, Hampton Lovett, Droitwich Spa, WR9 0LR
Tel: 01905 823 299 Fax: 01905 823 297 E-Mail: sales@akw-medicare.co.uk