



International Association  
of TheraPlate Specialists

## CUSTOMER INFORMATION

### Invoicing

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Name:

Email:

Phone:

**Invoice Address**

Property Name/Number:

Street:

Town:

County:

Postcode:

**Shipping Address if different**

Property Name/Number:

Street:

Town:

County:

Postcode:

### Payment

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Method:

Bacs:

Finance:

Cash:

Other:

Cheque on request:

## Product Order

TheraPlate Model Orderd:

- ☐ K21    £7,995 ex VAT
- ☐ K12    £4,600 ex VAT
- ☐ K10.5    £3,995 ex VAT
- ☐ K6    £2,400 ex VAT
- ☐ K4    £1,895 ex VAT

Accessories:

- ☐ Horse Portable Side Rails    £1,399 ex VAT
- ☐ Horse Portable Stocks    £1,699 ex VAT

Ramps

- ☐ K21    Set of 2    £500 ex VAT

Pedestals

- ☐ K12    £500 ex VAT

Hand Rails

- ☐ K6    No Charge
- ☐ K4    No Charge

Date:

Date:

Print Name:

Print Name:

Distributor:

*(Distributor, Therapist Business Name)*

Purchaser: