

Billing Address		Delivery Address (if different than billing address)	
Name		Name	
Address		Address	
Postcode		Postcode	
Daytime Number			
Evening Number			
Email Address			
Would you like to receive future offers from Betterlife? <small>Your information will not be shared with anyone outside the Lloyds Pharmacy Group.</small>		Yes <input type="checkbox"/> No <input type="checkbox"/>	How would you like to receive them? Email <input type="checkbox"/> Telephone <input type="checkbox"/> Post <input type="checkbox"/>

Payment Method			
How would you like to make payment?		Credit or Debit Card <input type="checkbox"/> Cheque <input type="checkbox"/>	
Credit or Debit Card Payment		Cheque Payment	
Name on Card		Cheque Number	
Card Number <small>16 digit number on the front of the card</small>	_ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _	Cheque should be made payable to <b>Betterlife Healthcare LTD</b>  <b>Please send this order form &amp; payment details to:</b>  Betterlife from LloydsPharmacy, Unit D Matrix Park, Western Avenue, Buckshaw Village, Chorley, PR7 7NB	
Expiry Date	_ _ / _ _		
Security Number <small>Last three numbers on the back of the card</small>	_ _ _		

Order Details				
Have you read & agreed to our terms & conditions? <small>Full terms &amp; conditions are available at <a href="http://betterlife.co.uk">betterlife.co.uk</a></small>		Yes <input type="checkbox"/> No <input type="checkbox"/>		CUSTOMER SIGNATURE  Name of condition if yes
Are you eligible for VAT Relief on your order? <small>You are eligible for VAT Relief if you are purchasing goods for anyone who suffers with a long term medical condition or disability or is chronically sick.</small>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Special Delivery Instructions				
Item Name	Order Code	Price	Qty	Total Price
<b>Order Total</b>				