

Premier House, Harlaxton Road, Grantham, NG31 7JX

MBL Helpline 01476 593887

Ref: 917AMV

Please complete in Full

Your Details

(Mr / Mrs / Miss) First Name

Surname.....

Full Address

.....

County Post Code

Tel: Including Code

Product Details

Make (EG Shoprider).....

Model (EG Sovereign).....

Serial Number

Year of Manufacture.....Purchase Price

For Product over £7000 Please Contact MBL Customer Service

Classification

Manual.....4MPH.....8MPH.....Please tick or circle as appropriate.

New.....Used.....

Date of Purchase Delivery.....Cover Commencement Date.....

Please tick or circle as appropriate

Premier Care Insurance	Premier Care	Plus Insurance
1 Year	£54.50	£76.50
2 Year	£99.50	£139.50
3 Year	£146.50	£209.50

Please debit my VISA / Mastercard / Switch

Card No...../...../...../.....

Valid From.....Expiry Date..... Issue No (switch only).....

I enclose a cheque/postal order made payable to Mark Bates LTD Please circle YES

Free Manual Wheelchair Cover(premier care plus only) Make

.....

Model.....

Serial Number.....

Declaration I agree to be bound by the terms and conditions of the master Policy, details of which will be contained on the certificate of insurance. I understand that I may return the certificate of insurance within 7 days for a full premium refund subject to no claims being made. I agree to accept the insurer as named on the certificate of insurance selected by Mark Bates LTD who act as Scheme Administrators.

Customer Signature..... Date.....