

# Telephone Order ID 6567

Viamed

Contact Name:Fraz

Contact Department:

Contact Email:info@medgill.co.uk

Contact Telephone:

Contact Account:

**Invoice Address****Delivery Address**

MedGill Ltd

87 Longmead Road

Hayes

London

UK

UB3 2HF

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**Order Notes:**

Spoke regarding expired Proforma MVM139469 - he would like to cancel the MAX-250A and amend the R-30V to 25 units. Since the original proforma, prices have increased - so will process as a new Proforma, since old one now expired and deleted. He would like to pay over the phone with a card

Order Number:

**Credit Card Details:**

Customer advised of Carriage costs :

Card Type:

Name On Card:

Card No.

Card Type:

Issue Number:

Security Number:

Start Date:

End Date:

Registered House number

Registered Post Code