## **Telephone Order ID 6655**

Viamed

Contact Name:Sudath Weeraman

Contact Department:

Contact Email:sudathweeraman17@gmail.com

Contact Telephone: **Contact Account:** 

**Invoice Address Delivery Address** 

Prime Lanka Associate Prime Lanka Associate

S.J Weeraman S.J Weeraman

No 57/8 ---- No 57/8

Katubedda Moratuwa Katubedda Moratuwa

Sri Lanka Sri Lanka 10400 10400

Order Notes:

1x OOM108 sensor for testing, to include test sheets

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