

Viamed Ltd
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Company Reg No: 01291765
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Viamed Ltd



Delivery Address

Sage Services Group
2160 Hwy 292
Inman
SC 29349
USA

Invoice Address

Sage Services Group
2160 Hwy 292
Inman
SC 29349
USA

Contact Name
Contact Tel

: Clay Harper
: 8772817243

Account

00006727

Customer Reference

SRS68851

Date

28 Jul 2024

Priority

7

Valid until

: 29 Aug 2024

Priced In

US Dollars

Proforma Invoice MVM151317

CIP Carriage and Insurance Paid To Sage Services Group, USA * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : kate.griffiths@viamed.co.uk

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Item Reference	Description	Quantity	Unit	Unit Vat	Total
1480000 Tariff 9018199000 CoO United Kingdom	V1000 Foetal Heart Simulator Service and Functional Check	1	79.20		79.20
1430309 Tariff 9031808000 CoO United Kingdom	S/N: PR02516A10, SRS68551, SRN36559 V1000 Transducer Interface Cushion	1	0.00		0.00
PAYPAL	SRS68551, SRN36559 PayPal Account : paypal@viamed.co.uk	1	8.21		8.21
INS	Insurance	1	12.50		12.50
PPUPS7	UPS Courier Delivery - Express Saver 32 x 24 x 16 cm 1.20 kg	1	45.08		45.08

Total Net: 144.99
Total Vat: 0.00
Total: 144.99

Banking details:
Bank: Barclays Bank
Sort Code: 20-78-42
Account Number: 89771244
IBAN: GB82BUKB20784289771244
BIC: BUKGBB22
Terms and conditions <https://www.viamed.co.uk/terms>

Full proforma amount to be credited to our account net of all bank charges.
Claims: Please claim non delivery within 14 days of invoice.
Shortages or damage within 3 days of receipt.
Claims after these times cannot be entertained.
Title to goods does not pass until payment in full has been received.
Proforma Valid for 30 days only.
Viamed Ltd reserves the right to add an administration fee to the Proforma if multiple changes are requested.