



Head Office:
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Leicester.healthcare@mediq.co.uk / Commercial.cs@mediq.co.uk
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| | |
|--------------|---------------|
| INVOICE NO. | OP/I120158Y24 |
| ORDER NO. | PVM3910 |
| INVOICE DATE | 29/07/24 |
| ACCOUNT NO. | FL39B01 |
| OUR REF NO. | 03185447 |

INVOICE TO:

VIAMED LTD
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE BD20 7DT

GOODS TO:

VIAMED LTD
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE BD20 7DT

| QUANTITY | DESCRIPTION | CUSTOMER CODE | PRODUCT CODE | PRICE | PER | VAT | VALUE |
|----------|----------------------------|---------------|--------------|----------------------|-----|-----|--------|
| 200x1 | INFANT SILI.ROUND MASK SZ0 | | M6200600D | 2.000 | 1 | V | 400.00 |
| 200x1 | INFANT SILI.ROUND MASK SZ1 | | M6200500D | 2.000 | 1 | V | 400.00 |
| | | | | SUB-TOTAL | | | 800.00 |
| | | | | VAT | | | 160.00 |
| | | | | INVOICE TOTAL | | | 960.00 |

ALL PRODUCTS ARE SUPPLIED SUBJECT TO OUR 'TERMS AND CONDITIONS' WHICH ARE AVAILABLE ON REQUEST.
THE BUYER AGREES TO INSPECT THE GOODS ON DELIVERY AND TO NOTIFY THE COMPANY IN WRITING
WITHIN **5 WORKING DAYS** OF ANY SHORTFALL IN DELIVERY OR INCORRECT OR DAMAGED GOODS.
PROPERTY IN THE GOODS SHALL PASS WHEN THE BUYER HAS PAID THE PRICE AND VAT IN FULL.

Leicester: New Frontier House, Interlink Way West, Bardon Business park, Coleville LE67 1LF
Bristol: Enterprise House, Bradley Road, Royal Portbury Dock, Bristol, BS20 7NX.
Manchester: Unit B, Circle Court, Warren Bruce Road, Trafford Park, Manchester, M17 1LB.
Northern Ireland: Unit 3, Curran Business Park, Portland Road, Larne BT40 1DH

CURRENCY = GBP

Bank Details: National Westminster Bank
Sort Code: 60-00-01
IBAN Code: GB76NWBK60000139273636
Account Number: 39273636
BIC: NWBKGB2L

Remittance Advice to: remits.healthcare@mediq.co.uk

V = STANDARD L = LOW RATE
X = EXEMPT Z = ZERO