



300 Held Drive • Northampton, PA 18067 USA
 precisionmedical.com
 P: 1-610-262-6090 • F: 1-610-262-6080

PROFORMA NUMBER: 08/16/240000042

PROFORMA DATE: 8/19/2024

PO NUMBER: PVM3948

REFERENCE NUMBER:

PAGE: 1 of 1

PROFORMA INVOICE

Shipper/Exporter:

PRECISION MEDICAL, INC.
 300 HELD DRIVE
 NORTHAMPTON, PA 18067
 USA

PHONE: 610 262 6090
 FAX: 610 262 6080

Consignee:

VIAMED LIMITED
 15 STATION ROAD CROSS HILLS
 KEIGHLEY WEST YORKSHIRE
 BD20 7DT
 UNITED KINGDOM

CONTACT: 441535634542

Importer:

VIAMED LIMITED
 15 STATION ROAD CROSS HILLS
 KEIGHLEY WEST YORKSHIRE
 BD20 7DT
 UNITED KINGDOM

COUNTRY OF EXPORT	DESTINATION COUNTRY	PAYMENT TERMS	PROFORMA EXPIRATION
USA	UNITED KINGDOM	NET 0 DAYS	10/18/2024

Line #	Item Number	Quantity	UOM	Unit Price	Extended Price
1	1355 FLOWTUBE,FINISHED,O2,70LPM,60PSI	20	EA	\$5.04	\$100.80
2	0122 ADAPTER,DISS F,O2,X1/4HB,WHITE,DISPOSABLE	30	EA	\$0.48	\$14.40

FOB: NORTHAMPTON, PA
Freight Type: UEP- 9W9638

Freight Amount: \$98.24
Handling Fee: \$30.97

Order Notes: ANDY EMAIL - LG 8/16/24

Invoice Total: \$244.41

I declare all the information contained in this invoice to be true and correct.

Signature of Consignee

Print Name of Consignee

Date

WIRE TRANSFER INFORMATION

Santander Bank
 1240 Third Street
 Whitehall, PA 18052 USA

ABA #: 231372691
 ACCT #: 8945821279
 Swift Code: SVRNUS33

All Prices in US Dollars

This Pro Forma Invoice is made subject to PRECISION MEDICAL, INC.--SALES ORDER TERMS & CONDITIONS (Terms), the most current version of which are available on our website: <http://www.precisionmedical.com/terms>.

Acceptance of this Pro Forma Invoice or submission of an order to PMI will conclusively show that you have read, agreed to and accepted the Terms in their entirety without exception (except as stated in this Pro Forma Invoice).

No waiver, alteration or modification of, or addition to, the Terms of this Pro Forma Invoice (in your purchase order or elsewhere) shall be binding upon PMI.