

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

USA

DESTINATION COUNTRY

UNITED KINGDOM

PAYMENT TERMS

NET 0 DAYS

PROFORMA EXPIRATION

11/12/2024

Line #	Item Number Item Description	Quantity	UOM	Unit Price	Extended Price
1	1143 HOUSING, FLOWTUBE	100	EA	\$2.42	\$242.00

FOB: NORTHAMPTON, PA

Freight Type: UEP- 9W9638

Handling Fee: \$50.00

Invoice Total: \$292.00

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.