

REMITTANCE ADVICE

We can now Email your Remittance Advice
Please provide us your Email Address

VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY W. YORKS
BD20 7DT

Date 13-MAR-17

Account No.1601

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Please allow 2 working days for your account to be credited, from the date shown above.

DATE	TYPE	YOUR REFERENCE	OUR REFERENCE	PAYMENT AMOUNT	DISCOUNT TAKEN
13/02/17	INVCE	IN149302	H600998 190659	86.40	0.00
Payment by BACS			TOTALS	86.40	0.00
On Account 0.00 Amount 86.40					