

REMITTANCE ADVICE

Please provide us your Email Address

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

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	
03/01/17	INVCE	IN148611	H598320 189302	55.01	0.00	
Payment by BACS			On Account 0.00	TOTALS	55.01	0.00
			Amount 55.01			