

Purchase Order

Dispatched via Email



Purchase Order 046-084760	Date 30/03/2026	Revision	Page 1
Payment Terms 60 Days	Freight Terms Destination		Ship Via Common
Buyer Paul Markham	Phone 01202 244 214		Currency GBP

VIAMED LTD
15 Station Road
Cross Hills
KEIGHLEY BD20 7DT
United Kingdom

Deliver to: The Harbour Hospital
St Marys Road
Poole DORSET BH15 2BH
United Kingdom

Invoice To: Circle Business Services
Park Square
Bird Hall Lane CHEA SK3 0XN
United Kingdom

Email Address: orders@viamed.co.uk

Vat Reg ID: GB235134980
Vendor: 102762

Please supply the following goods or services in accordance with the prevailing Purchase Order terms and conditions for Circle Health Group which you hereby agree to be bound by and avail yourself of. Order number must appear on all invoices, delivery notes and correspondence.

Tax Exempt? N	Tax exempt ID:	Replenishment Option: Standard	PS Item Ref	Mfg ID	Quantity	Pk Size	Price	Extended Amt
			KM3005	NA	1	1	1,436.40	1,436.40
			ZZ	N/A	1	1	12.00	12.00
Total VAT Code: S(20.00%)								289.68
Total PO Amount								1738.08

REPLACEMENT FOR BROKEN NERVE STIMULATOR

QUOTE:QVM162614

FAO CARL THEATRES

Terms of Payment 60 days nett unless stated above.

Harbour Hospital
The Harbour Hospital
St Marys Road
Poole DORSET BH15 2BH
United Kingdom

Authorised Signature