



## PRO FORMA INVOICE

THIS PROFORMA INVOICE EXPIRES ON 12 SEPTEMBER 2026

**SOLD TO:** VIAMED LTD  
15 STATION RD CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE FN Y08 5DD UK

**PAYMENT TERM:** CASH IN ADVANCE

**PO #:** PVM5394

**SHIP TO:** EXW - CUSTOMER PICK UP

| PROFORMA DATE       |
|---------------------|
| 12-Aug-26           |
| CUSTOMER NUMBER     |
| 8954                |
| PROFORMA NUMBER     |
| 2122527-00          |
| ESTIMATED SHIP DATE |
| 17-Aug-26           |

U.S. CURRENCY

| PRODUCT         | U/M | DESCRIPTION               | QTY  | PRICE   | AMOUNT      |
|-----------------|-----|---------------------------|------|---------|-------------|
| 8197S           | DZ  | Foam Tracheostomy Tie, S  | 10   | \$12.50 | \$125.00    |
| 8197M           | DZ  | Foam Tracheostomy Tie, M  | 30   | \$12.50 | \$375.00    |
| 6554            | DZ  | Posey Oximeter Probe Wrap | 1440 | \$6.67  | \$9,604.80  |
| TOTAL, EXW, USA |     |                           |      |         | \$10,104.80 |

WE HEREBY CERTIFY THAT THE PRICES AND VALUES SHOWN ARE TRUE AND CORRECT AND THAT THE AMOUNT USD \$10,104.80 REPRESENTS THE COST OF SAID MERCHANDISE EXW, USA

LAURIE KIMBALL  
EXPORT ADMINISTRATOR

**WIRE TRANSFER INFORMATION:**

Please send Wire & ACH remittance copies to [AR@tidiproductions.com](mailto:AR@tidiproductions.com)

**BANK NAME:** CIBC Bank USA  
120 S LaSalle  
Chicago, IL 60603  
**SWIFT CODE:** PVTBUS44  
**BANK ROUTING:** 071006486  
**ACCOUNT NAME:** Tidi Products, LLC  
**ACCOUNT #:** 2461269

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