Invoice

Invoice
No.:VIM20201019 Date:19th, Oct,2020

超思 ChoiceMMed Ver.2016-1

FORM NO: BD-722-03C

ChoiceMMed Germany GmbH

Address: Wiesenstraße 21, 40549, Düsseldorf, Deutschland
USt,-Id: DE303355570 Steuernummer: 1031/5717/3423
Tel: (0049) 211 5065 9866 Fax: (0049) 211 5065 8655

*Issued to:Viamed Limited *Address: 15 Station Road Cross Hills Keighley West Yorkshire BD20,7DT, UK *Tel: +44 1535634542 *Contact pers: Steve Nixon VAT NO. :GB 287 389 593	*Consigned to: Viamed Limited *Address: 15 Station Road Cross Hills Keighley West Yorkshire BD20,7DT, UK *Tel: +44 1535634542 *Contact pers: Steve Nixon	*Notify:

Order No： PVM1591 *Kind of Transport : DPD

Freight Date: *Destination: UK

GOODS ARE OF CHINESE ORIGIN

Mark&Model	QTY	UNIT	DESCRIPTION OF MERCHANDISE	UNIT PRICE EURO	TOTAL EURO
MD300C2	250	PCS	Fingertip Pulse Oximeter	€ 12.50	€ 3,125.00
MD300C15D	250	PCS	Fingertip Pulse Oximeter	€ 10.50	€ 2,625.00
				Freight & Insurance:	€ 70.00
				VAT: (19%):	€ 0.00
				Total amount:	€ 5,820.00
Tax:Tax free according to §4 Nr.1b UstG					
Total amount: SAY TOTAL EURO FIVE THOUSAND EIGHT HUNDRED AND TWENTY ONLY					

REMARKS:

Payment term: 100% T/T in advance

Shipment term: Shipment only be effected after receipt 100% PI payment

Bank remittance fee should be born by remitter

Seller keeps right to increase the Unit Price in case that the exchange rate between EURO€ & RMB ¥ is lower than € 1 = ¥6.85

Seller keeps right to increase the Unit Price in case that the cost of raw material is increased

Buyer should sale the products according to the local laws and regulations, Otherwise, buyer should bear all related losses including the losses caused to seller.

Buyer is responsible for establishing and maintaining the product distribution records. All the records should be kept for 15 years after the last batch of products sold.

Quality accident handling: Buyer should actively cooperate with seller. As informed of product quality accident ,Seller should notifying buyer to investigate and handle. And buyer is obligated to investigate and handle within the timelines required by seller and scope.

RoHS requirements: Buyer should specify whether the products need to comply with RoHS or other standard requirements in the form of "DESCRIPTION OF MERCHANDISE".

Bank information

BENEFICIARY`S BANK NAME	Deutsche Bank Hamburg-Adolphsplatz, Adolophsplatz 7, 20457 Hamburg IBAN.: DE98 2007 0024 0068 1676 00 SWIFT CODE: DEUTDEDBHAM
BENEFICIARY`S A/C NO.	600 0681676 00
BENEFICIARY`S NAME & ADDRESS	ChoiceMMed Germany GmbH Wiesenstraße 21, 40549, Düsseldorf, Deutschland TEL.: +49 211 5065 9866 FAX: +49 211 5065 8655

Cargo Insurance Declaration

There are many unexpected and incontrollable conditions during transportation. In order to avoid any loss from transportation, it's highly recommended to purchase insurance for your consignment. Although our delivery condition is EXW Bremen base, we would be very glad to assist our clients to purchase insurance for their consignment.
If any damage, miss or loss was found when our clients receive the consignment from forwarder, please try to collect available legal proof from customs, forwarder or any other authority, and notify the insurance agent or us within 48 hours from discovery, to minimize the loss by all means.