Invoice Address

Medival s.r.l
Via San Crispino 33
Padova
35129
Italy
VAT IT01630000287

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT
Tel: +44 (0) 1535 634542
Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
Eori No: GB287389593000

Contact Name	Alice Santi
Contact Tel	+39 049775477
Account	00006557
Customer Reference	4100158 A
Date	22 Mar 2021
Tracking Number	470907500

Delivery Address
Medival s.r.l
C/O Warehouse
Via San Crispino 35
Padova
35129
Italy
eori IT01630000287

Invoice RVM129378-1

EXW Ex Works * Incoterms® 2020

Delivery Reference DVM129378-1 Contact sarah.walton@viamed.co.uk

Item Reference	Description	Quantity	€ Unit	€ Unit Vat	€ Total
0111250 Tariff 90181990-00 CoO United States	Maxtec Oxygen Analyser Handi+ S/N FK43799001-25 FL10799001-25	50	133.00	0.00	6,650.00
0120099 Tariff 90189085-00 CoO United States	Oxygen Sensor Flow Diverter 15 mm Includes O ring. M16 thread to 15 mm O.D. Allows insertion into a T-adapter with a 15 mm I.D. port	5	5.60	0.00	28.00
EXW	(Ex-Works Incoterms 2000). Consigned to: TNT 2 Boxes = 61 x 47 x 42 cm. 9.4kg each. 1 Box = 61 x 47 x 25 cm. 5.20kg AWB: 470907500		0.00	0.00	0.00

Sign
Date
Print

Total Net: €	6,678.00
Total Vat: €	0.00
Total: €	6,678.00

Banking details

Bank	Barclays Bank
Sort Code	20-78-42
Account Number	87399700
IBAN	GB33BUKB20784287399700
BIC	BUKBGB22

Terms & conditions https://www.viamed.co.uk/terms

Terms: Net 30 days from date of invoice.
Full invoice amount to be credited to our account net of all bank charges.
Claims: Please claim non delivery within 14 days of invoice.
Shortages or damage within 3 days of receipt.
Claims after these times cannot be entertained.
Title to goods does not pass until payment in full has been received.

1. Sender's Account Number

2. Invoice to Receiver ☒ SENDER LIABLE FOR UNPAID CHARGES

Receiver's account number

3. Customer Reference

Sending Depot | Receiving Depot

GD 470907500 WW

Please quote this Number if you have an enquiry.

4. From (Collection Address)

Name: VIAMED LTD
Address: 15 Station Road
Cross Hills
City: KEIGHLEY
Postal / Zip Code: BD207DT
Province/Region: West Yorkshire
Location: UNITED KINGDOM
Contact Name: Sarah Walton
Tel. No.: +44(0)1535634542

5. To (Receiver)

Name: Medival srl
Address: via S. Crispino, 33
City: Padova
Postal / Zip Code: 35129
Province/Region: PD
Location: ITALY
Contact Name: Alice Santi
Tel. No.: 049775477

6. Delivery Address

Name:
Address:
City:
Postal / Zip Code:
Province/Region:
Location:
Contact Name:
Tel. No.:

7. Dangerous Goods

Does this consignment contain any dangerous goods? Yes ☐ No ☒

CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE

Your Signature: CANON
Date: 22-3-21 (Day/Month/Year)

Received by TNT
Date: Time:

8a. Services

	Documents	Non-Documents
Economy Express	☐	☒

8b. Options

Priority ☐

Enhanced Liability ☐
For documents and non-documents subject to Terms and Conditions on reverse

9. Special Delivery Instructions

10. Goods Descriptions

General Description	Number of Items	Weight Kilos	Weight Grams	Dimensions Length	Dimensions Width	Dimensions Height
medical devices	2	9	400	61	47	42
medical devices	1	5	200	61	47	25
Stat. No. Total	3	24	0	Volume:	0.312503	
OPS verify:				Volume Weights:		

11. Dutiable Shipment Details

Receiver's VAT / TVA / BTW / MWST No.

RECEIVER'S COPY

1. Sender's Account Number

2. Invoice to Receiver

SENDER LIABLE FOR UNPAID CHARGES

[x] Receiver's account number

3. Customer Reference

Sending Depot | Receiving Depot

TNT

GD 470907500 WW

Please quote this Number if you have an enquiry.

4. From (Collection Address)

Name: VIAMED LTD
Address: 15 Station Road
Cross Hills
City: KEIGHLEY
Province/Region: West Yorkshire
Contact Name: Sarah Walton
Postal / Zip Code: BD207DT
Location: UNITED KINGDOM
Tel. No.: +44(0)1535634542

5. To (Receiver)

Name: Medival srl
Address: via S. Crispino, 33
City: Padova
Province/Region: PD
Contact Name: Alice Santi
Postal / Zip Code: 35129
Location: ITALY
Tel. No.: 049775477

6. Delivery Address

Name:
Address:
City:
Province/Region:
Contact Name:
Postal / Zip Code:
Location:
Tel. No.:

7. Dangerous Goods

Does this consignment contain any dangerous goods? Yes [ ] No [x]

CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE

Your Signature: CAREON
Date: 22-3-21 (Day/Month/Year)

Received by TNT
Date: Time:

8a. Services

	Documents	Non-Documents
Economy Express	[ ]	[x]

8b. Options

Priority [ ]

Enhanced Liability [ ]

For documents and non-documents subject to Terms and Conditions on reverse

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General Description	Number of Items	Weight Kilos	Weight Grams	Dimensions Length	Dimensions Width	Dimensions Height
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Stat. No. Total	3	24	0	Volume:	0.312503	
OPS verify:				Volume Weights:		

11. Dutiable Shipment Details

Receiver's VAT / TVA / BTW / MWST No.:

Currency: EUR
Value: 6,678.00

CUSTOMS COPY