

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 39 049.77.54.77
Account 00006557
Customer Reference 4000708 A
Date 11 Feb 2021
Tracking Number 470805720

Invoice RVM127245-2

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

EXW Ex Works * Incoterms® 2020

Delivery Reference DVM127245-2 Contact sarah.walton@viamed.co.uk

Item Reference	Description	Quantity	€ Unit	€ Unit Vat	€ Total
0111250 Tariff 90181990-00	Maxtec Oxygen Analyser Handi+ Country of origin: USA S/N:FK59499013-FK59499025 FK72899001-FK72899012	25	133.00	0.00	3,325.00
EXW	(Ex-Works Incoterms 2000). Consigned to: TNT AWB:470805720		0.00	0.00	0.00

Shipped with orders 4100063A,4100024A

Total Net: € 3,325.00
Total Vat: € 0.00
Total: € 3,325.00

Sign
Date
Print Name
Van Reg/Route.

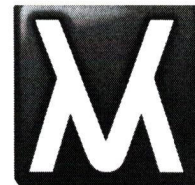
Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 87399700
IBAN GB33BUKB20784287399700
BIC BUKBGB22
Terms & conditions <https://www.viamed.co.uk/terms>

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.

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VAT Reg No: GB287389593
Company Reg No: 01291765
Eori No: GB287389593000



Contact Name Alice Santi
Contact Tel +39 049775477
Account 00006557
Customer Reference 4100063 A
Date 11 Feb 2021
Tracking Number 470805720

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

EXW Ex Works * Incoterms® 2020

Invoice RVM128665-1

Delivery Reference DVM128665-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	€ Unit	€ Unit Vat	€ Total
0111250 Tariff 90181990-00	Maxtec Oxygen Analyser Handi+ Country of origin: USA S/N:FK04099006-FK04099015,FK27699004 FK27699011-FK27699012, FK27699015-FK27699016, FK27699019-FK27699020 FK72899050,FK89499014 FK89499017	20	133.00	0.00	2,660.00
0120099 Tariff 90189085-00	Oxygen Sensor Flow Diverter 15 mm Includes O ring. M16 thread to 15 mm O.D. Allows insertion into a T-adaptor with a 15 mm I.D. port Country of origin: USA	5	5.60	0.00	28.00
EXW	(Ex-Works Incoterms 2000). Consigned to: Consigned to: TNT AWB:470805720		0.00	0.00	0.00

Shipped with orders 4100024A,4000708A

Total Net: € 2,688.00
Total Vat: € 0.00
Total: € 2,688.00

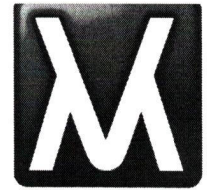
Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 87399700
IBAN GB33BUKB20784287399700
BIC BUKBGB22
Terms & conditions <https://www.viamed.co.uk/terms>

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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 4100024 A
Date 11 Feb 2021
Tracking Number 470805720

Invoice RVM128266-1

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

EXW Ex Works * Incoterms® 2020

Delivery Reference DVM128266-1 Contact sarah.walton@viamed.co.uk

Item Reference	Description	Quantity	€ Unit	€ Unit Vat	€ Total
0111250 Tariff 90181990-00	Maxtec Oxygen Analyser Handi+ Country of Origin: USA S/N:FK04099001-FK04099003 FK72899013-FK72899049	40	133.00	0.00	5,320.00
0120399 Tariff 90181990-00	`T` adapter. 22mm I.D. - 22mm O.D. - Pack of 5 Country of Origin: Germany	5	22.95	0.00	114.75
EXW	(Ex-Works Incoterms 2000). Consigned to:		0.00	0.00	0.00

TNT
AWB:470805720

Shipped with orders 4100063A,4000708A

Total Net: € 5,434.75
Total Vat: € 0.00
Total: € 5,434.75

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>

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WHITE SECTIONS ARE MANDATORY. PLEASE COMPLETE IN CAPITALS AND PRESS HARD.

1. Sender's Account Number

SENDER LIABLE FOR UNPAID CHARGES

2. Invoice to Receiver

Cross box ☒ and provide receiver's account number or call Customer Service for correct account details

3. Customer Reference (Information you would like on the invoice (if required))

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: Cathy Green 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 (If different from receiver's address above)

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

7. Dangerous Goods (Cross correct box)

Does this consignment contain any dangerous goods? if

Yes ☐ No ☒

yes, please call our Customer Service.

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

Your Signature

Received by TNT (to be completed by TNT)

Date: (Day/Month/Year) Time:



GD

470805720

WW

Please quote this Number if you have an enquiry.

8a. Services (Cross one box only to select a Service)

Documents ☐ Non-Documents ☒

Economy Express

Priority

Priority handling from pickup to delivery For Express and Economy Express

Enhanced Liability

For documents and non-documents subject to terms and conditions on reverse

Please provide the value details

9. Special Delivery Instructions (Reserved for your instructions (if required))

10. Goods Descriptions (If dutiable please complete section 11)

General Description Please put full details on commercial invoice	Number of Items	Weight		Dimensions	
		Kilos	Grams	Length	Width
medical devices	3	11	600	61	47
medical devices	1	5	800	61	47
Stat. No.	Total	4	40	600	

11. Dutiable Shipment Details (Complete for dutiable consignments)

SENDER'S COPY
Please keep for Reference

Name: