Invoice Address

Jacomedic Solgaard Skog 131 1599 Moss Norway

Delivery Address Jacomedic Solgaard Skog 131 1599 Moss Norway

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



Contact Name

Contact Tel

Petter Jacobsen 0047 69262900

Account

00007592

Customer Reference

106-2021

15 Jan 2021

Tracking Number

148902523

Invoice RVM128171-1

EXW Ex Works * Incoterms® 2020

Delivery Reference DVM128171-1 Contact sarah.walton@viamed.co.uk

	· ·					
Item Reference	Description	Quantity	€ Unit	€ Unit Vat	€ Total	
0212018 Tariff 90181990-00	Temperature Probe Oesophageal/Rectal – Neonatal Hewlett Packard Diameter: 2 mm Model Ref: 2018	1	58.00	0.00	58.00	
EXW	S/N:V070111688 (Ex-Works Incoterms 2000). Consigned to: TNT Account 000014662 AWB:148902523		0.00	0.00	0.00	
	Shipped with order 179-2020					

Total Net: € Total Vat: € Total: €

58.00

0.00

58.00

Banking details Bank Sort Code Account Number IBAN

Barclays Bank 20-78-42 87399700

GB33BUKB20784287399700

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.

Page 1

Invoice Address

Jacomedic Solgaard Skog 131 1599 Moss Norway

Delivery Address Jacomédic Solgaard Skog 131 1599 Moss Norway

Supplier Viamed Ltd 15 Station Road To 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

Company Reg No: 01291765

Contact Name

Petter Jacobsen

Account

0047 69262900 00007592

Customer Reference

Contact Tel

179-2020

Date

15 Jan 2021

Tracking Number

148902523

Invoice RVM127324-1

EXW Ex Works * Incoterms® 2020

Delivery Reference DVM127324-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	€ Unit	€ Unit Vat	€ Total
0111263 Tariff 90181990-00	Maxtec Oxygen Monitor MaxO2 ME	62	450.50	0.00	27,931.00
	S/N:FJ31899006-FJ31899016,FJ65599004 FL90799001-FL90799005,FL90799007-FL90799024 FL92299006,FL92299008,FL92299020 FL92399001-FL92399024				
0110452 Tariff 9019200000	Maxtec Oxygen Sensor MAX-550E Prowith Standard Flow Diverter	ovided 14	87.50	0.00	1,225.00
0120399 Tariff 90181990-00	S/N:FL23399107-FL23399120 `T` adapter. 22mm I.D 22mm O.D of 5	Pack 20	22.95	0.00	459.00
EXW	(Ex-Works Incoterms 2000). Consigne	ed	0.00	0.00	0.00
	to: assigned to TNT a/c 000014662 Shipped with order 106-2021 AWB:148902523	Sign Print No			
	1 x 61x47x47 cm 18.40Kg	Print No	ine		
	1 x 61x47x47 cm 19.20Kg 1 x 61x47x41 cm 16.80Kg				
		Doute			
		Van loo		Total Net: € Total Vat: €	29,615.00 0.00

Banking details Bank

BIC

Sort Code Account Number IBAN

Barclays Bank 20-78-42 87399700 GB33BUKB20784287399700

BUKBGB22

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

Total: € 29,615.00 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.

Page 1

DETAILED MANIFEST

RECEIVER PAYS

Pickup id: Web Channel Printed on: 15 Jan 2021 Shipment Date: 18 Jan 2021

Service **Options**

Sender

G (48N) Economy Express

NON	DAN	IGFR	OUS	GOO	ns

Special Instructions

Shipment reference 179-2020,106-2021

Account: 000113678

Receiver

Account: 000014662

Viamed Limited 15 Station Road cross hills bd207dt

UNITED KINGDOM

Contact: Catherine Green

Tel: 01535634542

Jacomedic

Solgaard Skog 131

MOSS 1599 NORWAY

Contact: Petter Jacobsen

Tel: 004769262900

VAT Nr.: 0

Collection Name

Viamed Limited

Collection Address

15 Station Road

cross hills, bd207dt, UNITED KINGDOM

Delivery Name

Jacomedic

Delivery Address

Solgaard Skog 131

MOSS, 1599, NORWAY

Weight: 54.4 kg

Goods Description

Medical Products

Insurance Value:

Invoice Value: 29673 EUR

Package Description

BOX BOX

вох

No Pieces: 3

Volume: 0.387045 m3

Dimensions (L x W x H)

0.61m x 0.47m x 0.47m 0.61m x 0.47m x 0.47m

0.61m x 0.47m x 0.41m

Sender's Signature

Received by TNT

Date 18/ 12/ Time : hrs

THT'S LIABILITY FOR LOSS, DAMAGE AND DELAY IS LIMITED BY THE CMR CONVENTION OR THE WARSAW CONVENTION WHICHEVER IS APPLICABLE. THE SENDER AGREES THAT THE GENERAL CONDITIONS, WHICH CAN BE VIEWED AT HTTPS://www.tht.com/terms , are acceptable and govern this contract. If no services or billing options are selected the fastest available service will be charged to

Consignment Note 1. From (Collection Address) Sender's Account No: 000113678 Name: Viamed Limited Address: 15 Station Road City: cross hills Province: Postal/Zip Code: bd207dt 48 902523 Location: **UNITED KINGDOM** Please quote this number if you have an enquiry. Contact Name: Catherine Green Tel No: 01535634542 A. Delivery Address 2. To (Receiver Address) Name: Jacomedic Receiver's Account No: 000014662 Address: Solgaard Skog 131 Name: Jacomedic City: MOSS Address: Solgaard Skog 131 Province: City: MOSS Postal/Zip Code: 1599 Province: Location: **NORWAY** Postal/Zip Code: 1599 Location: **NORWAY** Contact Name: Petter Jacobsen Tel No: 004769262900 Contact Name: Petter Jacobsen Tel No: 004769262900 **B. Dutiable Shipment Details** 3. Goods Receivers VAT/TVA/BTW/MWST No.: 0 General Description: **Medical Products** Invoice Value of Dutiables: 29673 EUR HS Tariff Code: Total Packages: **Total Weight: Total Volume:** C. Special Delivery Instructions 54.4 kg 0.387045 m3 4. Services D. Customer Reference Service: (48N) Economy Express 179-2020,106-2021 Options: E. Invoice Receiver (Receiver's Account Number) Payment Terms: Receiver Pays 000014662 **NON DANGEROUS GOODS** Sender's Signature: Received by TNT (Name): Date: 15/ 1/202 Date: 18/1/21 Time: ___:_

THT'S LIABILITY FOR LOSS, DAMAGE AND DELAY IS LIMITED BY THE CMR CONVENTION OR THE WARSAW CONVENTION WHICHEVER IS APPLICABLE. THE SENDER AGREES THAT THE GENERAL CONDITIONS, WHICH CAN BE VIEWED AT HTTPS://WWW.TNT.COM/TERMS , ARE ACCEPTABLE AND GOVERN THIS CONTRACT. IF NO SERVICES OR BILLING OPTIONS ARE SELECTED THE FASTEST AVAILABLE SERVICE WILL BE CHARGED TO THE SENDER.

Customs Copy

Please keep for reference

Consignment Note 1. From (Collection Address) Sender's Account No: 000113678 Name: Viamed Limited Address: 15 Station Road City: cross hills Province: Postal/Zip Code: bd207dt Location: UNITED KINGDOM Please quote this number if you have an enquiry. Contact Name: Catherine Green Tel No: 01535634542 A. Delivery Address 2. To (Receiver Address) Name: Jacomedic Receiver's Account No: 000014662 Address: Solgaard Skog 131 Name: Jacomedic City: MOSS Address: Solgaard Skog 131 Province: City: MOSS Postal/Zip Code: 1599 Province: Location: **NORWAY** Postal/Zip Code: 1599 Location: **NORWAY** Contact Name: Petter Jacobsen Tel No: 004769262900 Contact Name: Petter Jacobsen Tel No: 004769262900 **B. Dutiable Shipment Details** 3. Goods Receivers VAT/TVA/BTW/MWST No.: 0 General Description: **Medical Products** C. Special Delivery Instructions HS Tariff Code: Total Packages: **Total Weight: Total Volume:** 54.4 kg 0.387045 m3 D. Customer Reference 4. Services 179-2020,106-2021 Service: (48N) Economy Express E. Invoice Receiver (Receiver's Account Number) Options: 000014662 Payment Terms: Receiver Pays **NON DANGEROUS GOODS**

Sender's Signature:

Date: 15/1/207

TNT'S LIABILITY FOR LOSS, DAMAGE AND DELAY IS LIMITED BY THE CMR CONVENTION OR THE WARSAW CONVENTION WHICHEVER IS APPLICABLE. THE SENDER AGREES THAT THE GENERAL CONDITIONS, WHICH CAN BE VIEWED AT HTTPS://WWW.TNT.COM/TERMS . ARE ACCEPTABLE AND GOVERN THIS CONTRACT. IF NO SERVICES OR BILLING OPTIONS ARE SELECTED THE FASTEST AVAILABLE SERVICE WILL BE CHARGED TO THE SENDER.

Received by TNT (Name):

Date: 15/1/2 Time: ____:__

Receiver Copy

Please keep for reference

