Invoice Address

Jacomedic

Solgaard Skog 131

1599 Moss Norway

Delivery Address Jacomédic Solgaard Skog 131

Moss

1599 Norway

VAT NO986938230MVA COMPANY

Sign My

Supplier Viamed Ltd 15 Station Road Cross Hills Reighley, West Yorkshire BD20 7DT Tel: +44 (0) 1535 634542 Fax: +44 (0) 1535 635582

Fax. 144 (0) 1333 033502 Email: info@viamed.co.uk VAT Reg No: GB287389593 Company Reg No: 01291765 Eori No: GB287389593000

Contact Name Contact Tel Account

Customer Reference

Date



Petter Jacobsen 004769262900 00007592 212-2021 22 Jul 2021

Invoice RVM131689-1

EXW Ex Works * Incoterms® 2020

Delivery Reference DVM131689-1 Contact zoey.teal@viamed.co.uk

Item Reference	Description	Quantity	€ Unit	€ Unit Vat	€ Total
0012166 Tariff 9018199000 CoO Germany	Viamed Pulse Oximeter VM-2160 SMARTsat Standard accessories included: 1 x PC Software 1 x USB Data Cable 1 x Silicone Protective Cover 1 x Lanyard 3 x AA Batteries Language package version: Scandinavian including: English, Danish, Dutch, Finish and Swedish Also includes sensor as detailed below.	2	315.00	0.00	630.00
0014752 Tariff 90181990-00 CoO E.U. Germany	S/N:T2012200149-T2012200150 Pulse Oximetry Silicone Finger Sensor Viamed SMARTsat - Adult – SC7500VM Cable Length: 1.2m	2	0.00	0.00	0.00
0021013 Tariff 90181990-00 CoO United States	S/N:EFK10006-EFK10007 Posey Sensor Wraps Model 6554 Box of 12	10	7.56	0.00	75.60
EXW	Delivery: EXW - Viamed UK (Incoterms 2020)		0.00	0.00	0.00
	TNT account - 000014662				

Total Net: € 705.60 Total Vat: € 0.00

Total: € 705.60

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





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Consignment Note							
1. From (Collection Address)							
Sender's Account No: Name: Address: City: Province: Postal/Zip Code: Location: Contact Name: Tel No:	Viamed Limited 15 Station Road cross hills bd207dt UNITED KINGDOM Catherine Green			TRT 76485667* The this number if you have an enquiry.			
2. To (Receiver Addre	01535634542 ess)		A. Delivery Address	i			
Receiver's Account No Name: Address: City: Province: Postal/Zip Code: Location: Contact Name: Tel No: 3. Goods	Jacomedic Solgaard Skog 131 Moss 1599 NORWAY Petter Jacobsen +4769262900		Name: Address: City: Province: Postal/Zip Code: Location: Contact Name: Tel No: B. Dutiable Shipmer	Jacomedic Solgaard Skog 131 Moss 1599 NORWAY Petter Jacobsen +4769262900			
General Description: Medical Products HS Tariff Code: Total Packages: 1 4. Services Service: (48N) Econom Options: (EDO) EDO	Total Weight: 2.2 kg ny Express	Total Volume: 0.029791 m3	Receivers VAT/TVA/E Invoice Value of Dutia C. Special Delivery I D. Customer Refere 212-2021	Instructions			
Payment Terms: Receiver Pays			E. Invoice Receiver (Receiver's Account Number)				
NON DANGEROUS G			000014662				
Sender's Signature: _ Date://			Received by TNT (N	ame):			
TNT'S LIABILITY FOR LOSS, DAMAN WARSAW CONVENTION WHICHEV CONDITIONS, WHICH CAN BE VIEW GOVERN THIS CONTRACT. IF NOS AVAILABLE SERVICE WILL BE CHA	ER IS APPLICABLE. THE SENDER VED AT HTTPS://WWW.TNT.COM/T SERVICES OR BILLING OPTIONS A	AGREES THAT THE GENERAL ERMS , ARE ACCEPTABLE AND	Customs Copy Please keep for refer	ence			

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 2. To (Receiver Address) A. Delivery Address Name: Jacomedic Receiver's Account No: 000014662 Address: Solgaard Skog 131 Name: Jacomedic City: Address: Moss Solgaard Skog 131 City: Province: Moss Postal/Zip Code: 1599 Province: Location: **NORWAY** Postal/Zip Code: 1599 Location: **NORWAY** Contact Name: Petter Jacobsen Tel No: +4769262900 Contact Name: Petter Jacobsen Tel No: +4769262900 **B. Dutiable Shipment Details** 3. Goods Receivers VAT/TVA/BTW/MWST No.: NO986938230MVA General Description: **Medical Products** Invoice Value of Dutiables: 705.6 EUR HS Tariff Code: Total Packages: Total Weight: Total Volume: C. Special Delivery Instructions 2.2 kg 0.029791 m3 4. Services D. Customer Reference Service: (48N) Economy Express 212-2021 Options: (EDO) EDO E. Invoice Receiver (Receiver's Account Number) Payment Terms: Receiver Pays 000014662 **NON DANGEROUS GOODS** Sender's Signature: Received by TNT (Name): Date: 227712021 Date: ___/___ Time: ___:___ 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 HITTPS://www.tnt.com/terms, are acceptable and govern this contract. If no services or billing options are selected the fastest **Customs Copy** Please keep for reference

AVAILABLE SERVICE WILL BE CHARGED TO THE SENDER.