



**Head Office:**  
Unit 6 Delta Park Ind. Edt.  
Millmarsh Lane  
Enfield EN3 7QJ  
**Customer Service Tel:** 01530 830830 **Fax:** 01530 278393  
**[Leicester.healthcare@bunzl.co.uk](mailto:Leicester.healthcare@bunzl.co.uk) / [Commercial.cs@healthcare.co.uk](mailto:Commercial.cs@healthcare.co.uk)**  
**[creditcontrol.healthcare@bunzl.co.uk](mailto:creditcontrol.healthcare@bunzl.co.uk)**

INVOICE NO.	OP/I197485Y22
ORDER NO.	PVM2313
INVOICE DATE	23/03/22
ACCOUNT NO.	FL39B01
OUR REF NO.	03740561

**INVOICE TO:**

VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE BD20 7DT

**GOODS TO:**

VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE BD20 7DT

QUANTITY	DESCRIPTION	CUSTOMER CODE	PRODUCT CODE	PRICE	PER	VAT	VALUE
10x1	SENSOR CONNECTION CABLE		MAMDOC10	61.050	1	V	610.50
				<b>SUB-TOTAL</b>		610.50	
				<b>VAT</b>		122.10	
				<b>INVOICE TOTAL</b>		732.60	

ALL PRODUCTS ARE SUPPLIED SUBJECT TO OUR 'TERMS AND CONDITIONS' WHICH ARE AVAILABLE ON REQUEST.  
THE BUYER AGREES TO INSPECT THE GOODS ON DELIVERY AND TO NOTIFY THE COMPANY IN WRITING  
WITHIN **5 WORKING DAYS** OF ANY SHORTFALL IN DELIVERY OR INCORRECT OR DAMAGED GOODS.  
PROPERTY IN THE GOODS SHALL PASS WHEN THE BUYER HAS PAID THE PRICE AND VAT IN FULL.

**Leicester:** New Frontier House, Interlink Way West, Bardon Business park, Coleville LE67 1LF  
**Bristol:** Enterprise House, Bradley Road, Royal Portbury Dock, Bristol, BS20 7NX.  
**Manchester:** Unit B, Circle Court, Warren Bruce Road, Trafford Park, Manchester, M17 1LB.  
**Northern Ireland:** Unit 3, Curran Business Park, Portland Road, Larne BT40 1DH

Bank Details: National Westminster Bank  
Sort Code: 60-00-01 Account Number: 39273636  
IBAN Code: GB76NWBK60000139273636 BIC: NWBKGB2L

**Remittance Advice to: [remits.healthcare@bunzl.co.uk](mailto:remits.healthcare@bunzl.co.uk)**

**V = STANDARD L = LOW RATE**  
**X = EXEMPT Z = ZERO**

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<b>INVOICE NO.</b>	OP/I197486Y22
<b>ORDER NO.</b>	PVM2338
<b>INVOICE DATE</b>	23/03/22
<b>ACCOUNT NO.</b>	FL39B01
<b>OUR REF NO.</b>	03748851

**INVOICE TO:**

VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE BD20 7DT

**GOODS TO:**

VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE BD20 7DT

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