



Therapy Equipment Ltd

UNIT 1, CRANBOURNE AVENUE, CRANBOURNE INDUSTRIAL ESTATE,
POTTERS BAR, HERTS, EN6 3JN TEL: 01707 652270 FAX: 01707 652622

UNIT 1, CRANBOURNE AVENUE, CRANBOURNE INDUSTRIAL ESTATE, POTTERS BAR,
HERTS, EN6 3JN ENGLAND TEL: +44 (0) 1707 652270 FAX: +44 (0) 1707 652622

Web: www.therapyequipment.co.uk Email: sales@therapyequipment.co.uk

SALES INVOICE

INVOICE ADDRESS VIAMED LIMITED 15 STATION ROAD CROSSHILLS KEIGHLEY WEST YORKSHIRE BD20 7DT			DELIVERY ADDRESS		
CUST. ORDER No. PVM2443	DATE/VAT TAX POINT 23/03/2022	METHOD OF DESPATCH Carrier	CUST. REF. No. VIAMED	INVOICE No. INV11478	
QTY	PART No.	DESCRIPTION	UNIT PRICE (£)	DISC (%)	VALUE (£)
5	ZZHOSE	O2 HOSE 1M INDIRECT PROBE AND 1/8TH TAIL	25.08		125.40
1	OS	PLUS CARRIAGE & HANDLING	20.50		20.50

Payment Instructions for Electronic Transfer:

Please quote the following information to your bank

Bank: Barclays Bank PLC
Account No: 60871788
Sort Code: 20-19-95
Beneficiary: Therapy Equipment Ltd
Swift No: BARCGB22
IBAN: GB95BARC20199560871788

SUB TOTAL 145.90

VAT 29.18

TOTAL 175.08

WEEE Regulations:

EA Producer Registration No. WEE/JH0104WV

Registered Office: Unit 1, Cranbourne Avenue, Cranbourne Ind. Estate,
Potters Bar, Herts. EN6 3JN

Co. Reg. No.: 1733885
VAT No. : 385440678

Conditions of Sale

Payment Terms 30 Days Net

Goods are sold subject to our Standard Conditions of Sale, which are available on request.
(or downloadable via www.therapyequipment.co.uk)

Please send your remittances to sales@therapyequipment.co.uk

Please state your customer account number, address and the invoice numbers you are paying.