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Viamed Ltd



Delivery Address

Lister Hospital
R And D Point - Deliveries
Coreys Mill Lane
Stevenage
SG1 4AB

Invoice Address

East And North Herts NHS Trust
RWH Payables 6435
PO Box 312
Leeds
LS11 1HP

Contact Name : Procurement
Contact Tel : 01438314333

Account : 00004870
Customer Reference : 76396431
Date : 01 Nov 2023
Priority : 3
Due Date : 01 Nov 2023
Priced In : UK Pounds

Order Confirmation CVM146347

Page 1

CIP Carriage and Insurance Paid To Lister Hospital, UK * Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard	1	8.00	1.60	9.60

Total Net: 63.30
Total Vat: 12.66
Total: 75.96

Banking details
Bank BIC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGB22
Terms and 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 7 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.