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# Viamed Ltd



<b>Delivery Address</b>	<b>Invoice Address</b>	<b>Contact Name</b>	: Genesis Order
Barnet Hospital	Royal Free London NHSFT	<b>Contact Tel</b>	: 02033221935
Barnet R And D Central Stores	Accounts Payable, Finance Department	<b>Account</b>	00000095
Genesis Order	Enfield Civic Centre (10th Floor)	<b>Customer Reference</b>	PO138817
Wellhouse Lane	Silver Street	<b>Date</b>	07 Nov 2023
Barnet	Enfield	<b>Priority</b>	: 3
EN5 3DJ	EN1 3ES	<b>Due Date</b>	: 07 Nov 2023
		<b>Priced In</b>	: UK Pounds

## Order Confirmation CVM146471

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CIP Carriage and Insurance Paid To Barnet 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
0021013	Posey Sensor Wraps Model 6554 Box of 12	6	11.80	2.36	84.96
PPUPS1	UPS Courier Delivery - Standard	1	0.00	0.00	0.00

<b>Total Net:</b>	<b>70.80</b>
<b>Total Vat:</b>	<b>14.16</b>
<b>Total:</b>	<b>84.96</b>

Banking details  
 Bank BIC  
 Sort Code 20-78-42  
 Account Number 00906662  
 IBAN GB05BUKB20784200906662  
 BIC BUKGBB22  
 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.