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Viamed Ltd



Delivery Address

City Hospital
 Receipts And Distribution
 Dudley Road
 Birmingham
 B18 7QH

Invoice Address

SWBH BU, Sandwell And West
 Birmingham Hospitals NHST
 GF Office 5, Trinity House
 Lyndon
 West Bromwich
 B71 4HJ

Contact Name

Contact Tel

: Patricia Higgins

: 0121 507 4070

Account

Customer Reference

Date

Priority

Due Date

Priced In

00000480

SWBH136029

15 Nov 2023

: 3

: 15 Nov 2023

: UK Pounds

Order Confirmation CVM146691

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

Your Viamed Contact for this Order Confirmation : emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021014	Posey Sensor Wraps Model 6554 case of 48 boxes	1	496.50	99.30	595.80
PPUPS1	UPS Courier Delivery - Standard	1	0.00	0.00	0.00

Total Net: 496.50

Total Vat: 99.30

Total: 595.80

Banking details

Bank
 Sort Code
 Account Number
 IBAN
 BIC

BIC

Barclays Bank PLC

20-78-42

00906662

GB05BUKB20784200906662

BUKBGB22

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.