

Viamed Ltd  
 15 Station Road  
 Cross Hills  
 Keighley, West Yorkshire  
 BD20 7DT, United Kingdom  
 Tel: +44 (0) 1535 634542  
 Fax: +44 (0) 1535 635582  
 Email: info@viamed.co.uk  
 VAT Reg No: GB287389593  
 Company Reg No: 01291765  
 Eori No: GB287389593000

# Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Patricia Higgins
		Contact Tel	: 01215074070
City Hospital	SWBH BU	Account	00000480
Receipts And Distribution	Sandwell And W.Birmingham Hosp NHST	Customer Reference	SWBH136144
Dudley Road	GF Office 5, Trinity House	Date	16 Nov 2023
Birmingham	Lyndon	Priority	: 3
B18 7QH	West Bromwich	Due Date	: 16 Nov 2023
	B71 4HJ	Priced In	: UK Pounds

## Order Confirmation CVM146727

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CIP Carriage and Insurance Paid To City 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
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	3	55.30	11.06	199.08

PPUPS1	UPS Courier Delivery - Standard	1	10.00	2.00	12.00
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Total Net:	175.90
Total Vat:	35.18
Total:	211.08

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.