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

Medical Service PC Davaki 3-5 Ampelokipi Athens 11526 Greece

Invoice Address

Medical Service PC Davaki 3-5 Ampelokipi Athens 11526 Greece

Contact Name Contact Tel

: Theodoros Doukas : 00302106917478

Account Customer Reference Date

CID22507 3/2023 25 Oct 2023

Priority : 3

Valid until : 25 Nov 2023 Priced In : Euros

Proforma Invoice MVM146316

Page 1 CIP Carriage and Insurance Paid To Medical Service PC, Greece * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice: kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
4310007 Tariff 9018199000 CoO Germany	SpiroTrue A - Single use flow sensor. Box of 5 Ref. 1030132006	10	60.00		600.00
INS	Insurance	1	11.50		11.50
PPUPS6	UPS Courier Delivery - Standard	1	19.33		19.33
	31 x 31 x 31 cm 1.20 kg				

Total Net: 630.83 Total Vat: 0.00 Total: 630.83

Banking details Bank Sort Code Account Number IBAN

BIC Barclays Bank 20-78-42 87399700

GB33BUKB20784287399700

BIC BUKBGB22
Terms and conditions https://www.viamed.co.uk/terms

Full proforma amount to be credited to our account net of all bank charges. Claims: Please claim non delivery within 14 days of invoice. Shortages or damage within 3 days of receipt. Claims after these times cannot be entertained. Claims after these times cannot be entertained.

Title to goods does not pass until payment in full has been received.
Proforma Valid for 30 days only.

Viamed Ltd reserves the right to add an administration
fee to the Proforma if multiple changes are requested.