



Viamed Ltd  
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# Viamed Ltd

Delivery Address  
 Oxygen Therapy Centre  
 Philip James House  
 Oak Tree Gardens Trinity Hill  
 St Helier  
 Jersey  
 JE2 4ZU

Invoice Address  
 Oxygen Therapy Centre  
 Philip James House  
 Oak Tree Gardens Trinity Hill  
 St Helier  
 Jersey  
 JE2 4ZU

Contact Name : Collette Bagas  
 Contact Tel : 07829961546  
 Account 00012878  
 Customer Reference 15112393JG  
 Date 15 Nov 2023  
 Priority : 3  
 Valid until : 16 Dec 2023  
 Priced In : UK Pounds

## Proforma Invoice MVM146710

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CIP Carriage and Insurance Paid To Oxygen Therapy Centre, Jersey \* Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : janine.gill@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110017	Teledyne Sensor R-17MED	1	53.00		53.00
PPUPS1	UPS Courier Delivery - Standard	1	0.00		0.00

Total Net: 53.00  
 Total Vat: 0.00  
 Total: 53.00

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