

Viamed Ltd
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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Anna Apostoli
		Contact Tel	: 390458601267
In.Cas SRL - Innovazioni Casamichele Via Staffali 40/A Dossobuono Di Villafranca Verona 37062 Italy	In.Cas SRL - Innovazioni Casamichele Via Staffali 40/A Dossobuono Di Villafranca Verona 37062 Italy	Account	CID23473
		Customer Reference	9/24
		Date	05 Jan 2024
		Priority	: 3
		Valid until	: 05 Feb 2024
		Priced In	: Euros

Proforma Invoice MVM147536

Page 1

CIP Carriage and Insurance Paid To Incas, Italy * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	8	48.40		387.20
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	24	48.40		1,161.60
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	2	48.40		96.80
INS	Insurance	1	16.46		16.46
PPUPS6	UPS Courier Delivery - Standard 61 x 47 x 33 cm 5 kg	1	22.20		22.20

Total Net: 1,684.26
 Total Vat: 0.00
 Total: 1,684.26

Banking details BIC
 Bank Barclays Bank
 Sort Code 20-78-42
 Account Number 87399700
 IBAN 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.
 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.