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# Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Danil Malevich
Aleksey Maler	Medtrest LLC	Contact Tel	: 4917680088191
Eduard-von-Winterstein-Strasse 13	568 Rolling Hills Dr	Account	CID19267
Potsdam	Ozark	Customer Reference	15012484KG2
Germany	Alabama	Date	16 Jan 2024
14480	36360	Priority	: 3
	USA	Valid until	: 15 Feb 2024
		Priced In	: Euros

## Proforma Invoice MVM147718

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CIP Carriage and Insurance Paid To Medtrest LLC, USA \* 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	60	50.00		3,000.00
INS	Insurance	1	30.00		30.00
PPUPS6	UPS Courier Delivery - Standard  61 x 47 x 42 cm 8.20 kg and 1 x 36 x 36 x 25cm 1.60 kg	1	20.84		20.84

Total Net:	3,050.84
Total Vat:	0.00
Total:	3,050.84

Banking details BIC  
Bank Barclays Bank  
Sort Code 20-78-42  
Account Number 87399700  
IBAN GB33BUKB20784287399700  
BIC BUKGB22  
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.