

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

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 04032474AM
Date 04 Mar 2024
Priority 3
Valid until : 04 Apr 2024
Priced In UK Pounds

Proforma Invoice MVM148625

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

Your Viamed Contact for this Proforma Invoice : aqib.majeed@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
Bank BIC
Sort Code Barclays Bank PLC
Account Number 20-78-42
IBAN 00906662
BIC GB05BUKB20784200906662
Terms and conditions BUKBGB22
<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.