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

Delta Medic BV
Lorentzlaan 17
IJsselstein
3401 MX
Netherland

Invoice Address

Delta Medic BV
Lorentzlaan 17
IJsselstein
3401 MX
Netherland

Contact Name : Joanne Van De Geer
Contact Tel : 0031302741302

Account CID28200
Customer Reference 14032484KG
Date 14 Mar 2024
Priority 3
Valid until : 14 Apr 2024
Priced In Euros

Proforma Invoice MVM148837

CIP Carriage and Insurance Paid To Delta Medic BV, Netherlands * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110058 Tariff 9019209000 CoO Germany	Viamed Oxygen Sensor T-7V	2	25.20		50.40
0110040 Tariff 9019209000 CoO Germany	Viamed Oxygen Sensor R-30V	4	56.00		224.00
0110570 Tariff 9019209000 CoO Germany	Oxygen sensor OOM101	4	30.00		120.00
INS	Insurance	1	11.50		11.50
PPUPS6	UPS Courier Delivery - Standard 32 x 24 x 16 cm 1 kg	1	13.10		13.10

Total Net:	419.00
Total Vat:	0.00
Total:	419.00

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.