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

Innomediq NV
Warehouse HQ - New
Liersesteenweg 173
Heist-op-den Berg
2220
Belgium

Invoice Address

Innomediq NV
Liersesteenweg 173
Heist-op-den Berg
2220
Belgium
VAT BE0806491751

Contact Name : Raf Van Leemputten
Contact Tel : 003216252690

Account CID22513
Customer Reference PO08197
Date 19 Mar 2024
Priority 3
Valid until : 19 Apr 2024
Priced In Euros

Proforma Invoice MVM148908

CIP Carriage and Insurance Paid To Heist-op-den Berg, Belgium * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : sophie.lines@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	100	48.40		4,840.00
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	30	48.40		1,452.00
INS	Insurance	1	62.92		62.92
PPUPS6	UPS Courier Delivery - Standard Box 1: 61 x 47 x 47 cm, 9 kg Box 2: 61 x 47 x 47 cm, 9 kg Box 3: 36 x 36 x 36 cm, 3.5 kg	1	39.12		39.12

Total Net:	6,394.04
Total Vat:	0.00
Total:	6,394.04

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.