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

Novamedisan Italia s.r.l.
Via Dei Lapidari 3
Bologna
40129
Italy
eori IT02501461202

Invoice Address

Novamedisan Italia S.r.l.
Via Dei Lapidari 3
Bologna
40129
Italy
VAT IT 02501461202

Contact Name	: Sandra Gentilini
Contact Tel	: 0039051327911
Account	CID25627
Customer Reference	101
Date	22 Mar 2024
Priority	3
Valid until	: 22 Apr 2024
Priced In	Euros

Proforma Invoice MVM148981

CIP Carriage and Insurance Paid To Viamed, UK * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : janine.gill@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
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	14.52		14.52
PPUPS6	UPS Courier Delivery - Standard 61 x 47 x 33cm 4.20kg	1	22.52		22.52

Total Net:	1,489.04
Total Vat:	0.00
Total:	1,489.04

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.