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# Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Dimitrios Charalambidis
XHALE S.A. C/O Apostolos Atsalakis Tatoiou 4A And Othonos 77 Kifissia 145 61 Athens 14561 Greece	XHALE S.A. C/O Apostolos Atsalakis Tatoiou 4A And Othonos 77 Kifissia 145 61 Athens 14561 Greece VAT EL800753522	Contact Tel	: 306937111915
		Account	00006401
		Customer Reference	01042484KG
		Date	05 Apr 2024
		Priority	3
		Valid until	: 02 May 2024
		Priced In	Euros

## Proforma Invoice MVM149104

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CIP Carriage and Insurance Paid To Xhale SA, Greece \* Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110081 Tariff 9019209000 CoO United States	Teledyne Oxygen Sensor UFO 130-2	100	142.70		14,270.00
0140060	Output assessment of UFO 130-2 oxygen sensor	100	2.00		200.00
0140060	Output assessment of UFO 130-2 oxygen sensor	100	2.00		200.00
	Added from previous order				
INS	Insurance	1	14.27		14.27
PPUPS7	UPS Courier Delivery - Express Saver	1	74.53		74.53
	36 x 36 x 36 cm				
	7 kg				

Total Net: 14,758.80  
Total Vat: 0.00  
Total: 14,758.80

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.