



Viamed Ltd
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Viamed Ltd

Delivery Address	Invoice Address	Contact Name	: Maria Joao Pereira
		Contact Tel	: 00351239798685
SUCH - Servico de Utilizacao Av. Brasil, 53 Parque Saude De Lisboa Pavilhao 33a Lisbon 1749-003 Portugal	SUCH - Servico De Utilizacao Av. Brasil, 53 Parque Saude De Lisboa Pavilhao 33a Lisbon 1749-003 Portugal VAT PT500900469	Account	00007138
		Customer Reference	PA20244389
		Date	01 May 2024
		Priority	2
		Valid until	: 01 Jun 2024
		Priced In	Euros

Proforma Invoice MVM149697

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CIP Carriage and Insurance Paid To SUCH Hospitais, Portugal * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0212011 Tariff 90181990-00 CoO E.U.	Temperature Probe Oesophageal/Rectal - Adult 6.35mm (1/4 inch) jack (mono) Diameter: 4 mm Model Ref: 2011	1	38.50		38.50
INS	Insurance	1	11.50		11.50
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: TBA	1	0.00		0.00

Total Net:	50.00
Total Vat:	0.00
Total:	50.00

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.