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# Viamed Ltd



## Delivery Address

Maria Petrakidou  
Cyprus Embassy  
Xenofodos 2A  
Athens  
10557  
Greece

## Invoice Address

Rousopoulos Vagelis  
Ionias 110  
2nd Floor Ergoscan  
Alimos  
Athens  
17456  
Greece  
VAT EL074548096

## Contact Name Contact Tel

: Rousopoulos Vagelis  
: 306973023277

## Account

00006519

## Customer Reference

20752494AM

## Date

20 May 2024

## Priority

3

## Valid until

: 20 Jun 2024

## Priced In

Euros

## Proforma Invoice MVM150031

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

Your Viamed Contact for this Proforma Invoice : [aqib.majeed@viamed.co.uk](mailto:aqib.majeed@viamed.co.uk)

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110026 Tariff 9019209000 CoO United States	Teledyne Oxygen Sensor R-26MED	1	96.90		96.90
PAYPAL	PayPal Account : paypal@viamed.co.uk	1	7.44		7.44
INS	Insurance	1	11.50		11.50
PPUPS6	UPS Courier Delivery - Standard	1	15.67		15.67
	23 x 15 x 12cm 0.2kg				

Total Net: 131.51  
Total Vat: 0.00  
Total: 131.51

Banking details  
Bank BIC  
Sort Code Barclays Bank  
Account Number 20-78-42  
IBAN 87399700  
BIC GB33BUKB20784287399700  
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.