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

Huntleigh Healthcare Ltd Diagnostic Products Division 35 Portmanmoor Road Cardiff

Cardiff CF24 5HN Invoice Address

Huntleigh Healthcare Ltd Diagnostic Products Division 35 Portmanmoor Road Cardiff

CF24 5HN VAT 382 474 630 Contact Name Contact Tel : Damion Walters : 02920485885

Account
Customer Reference
Date

00011875 SRS68806 19 Jun 2024

Priority 7

Valid until : 12 Jul 2024 Priced In UK Pounds

Proforma Invoice MVM150465

Page 1

CIP Carriage and Insurance Paid To Huntleigh Healthcare Ltd, UK * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1480000	V1000 Foetal Heart Simulator Service and Functional Check	1	60.00	12.00	72.00
	S/N: PR02467A10, SRS68806, SRN36491				
1430309	V1000 Transducer Interface Cushion	1	0.00	0.00	0.00
	SRS68806, SRN36491				
PPUPS1	UPS Courier Delivery - Standard	1	12.00	2.40	14.40

Total Net: 72.00 Total Vat: 14.40 Total: 86.40

Banking details Bank Sort Code Account Number IBAN BIC Barclays Bank PLC 20-78-42 00906662 GB05BUKB20784200906662

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.