

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

Delta Medic BV
 Lorentzlaan 17
 IJsselstein
 3401 MX
 Netherland

Invoice Address

Delta Medic BV
 Lorentzlaan 17
 IJsselstein
 3401 MX
 Netherland

Contact Name Contact Tel

: Joanne Van De Geer
 : 0031302741302

Account

CID28200

Customer Reference

18062484KG

Date

18 Jun 2024

Priority

3

Valid until

: 19 Jul 2024

Priced In

Euros

Proforma Invoice MVM150598

Page 1

CIP Carriage and Insurance Paid To Delta Medic BV, Netherlands * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110040 Tariff 9019209000 CoO Germany	Viamed Oxygen Sensor R-30V	6	56.00		336.00
INS	Insurance	1	11.50		11.50
PPUPS6	UPS Courier Delivery - Standard	1	13.57		13.57
	32 x 26 x 12 cm 0.60 kg				
				Total Net:	361.07
				Total Vat:	0.00
				Total:	361.07

Banking details
 Bank
 Sort Code
 Account Number
 IBAN
 BIC
 Terms and conditions

BIC
 Barclays Bank
 20-78-42
 87399700
 GB33BUKB20784287399700
 BUKGB22
<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.