

Viamed Ltd
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Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
Eori No: GB287389593000

Viamed Ltd



Delivery Address
Novamedisan Italia s.r.l.
Via Dei Lapidari 3
Bologna
40129
Italy
eori IT02501461202

Invoice Address
Novamedisan Italia S.r.l.
Via Dei Lapidari 3
Bologna
40129
Italy
VAT IT 02501461202

Contact Name : Sandra Gentilini
Contact Tel : 0039051327911

Account CID25627
Customer Reference 199
Date 02 Jul 2024
Priority 2
Valid until : 02 Aug 2024
Priced In Euros

Proforma Invoice MVM150853

EXW Ex Works Viamed, UK * Incoterms(R) 2020

Page 1

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	80	48.40		3,872.00
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	70	48.40		3,388.00
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	10	48.40		484.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: tba	1	0.00		0.00

Total Net: 7,744.00
Total Vat: 0.00
Total: 7,744.00

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.