Viamed Ltd
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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

SUCH - Servico de Utilizacao
Comum Dos Hospitais
Avenida Brasil 53
Pavilhao 33a
Lisbon
1749-003
Portugal

Invoice Address

SUCH - Servico De Utilizacao
Av. Brasil 53
Parque Saude De Lisboa
Pavilhao 33a
Lisbon
1749-003
Portugal
VAT PT500900469

Contact Name : Dulce Costa
Contact Tel : 217923400

Account 00007138
Customer Reference 111CHLOEEM/266-2
Date 03 Oct 2024
Priority 3
Valid until : 04 Nov 2024
Priced In Euros

Proforma Invoice MVM151979

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

Your Viamed Contact for this Proforma Invoice : kate.griffiths@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	3	38.50		115.50
INS	Insurance	1	11.50		11.50
PPUPS6	UPS Courier Delivery - Standard 23 x 15 x 15 cm 0.60 kg	1	15.80		15.80

Total Net:	142.80
Total Vat:	0.00
Total:	142.80

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