

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

Artisana Medical
Str. Telejean Nr.50
Ap. 4 CP 012468
Sector 2
Bucuresti
Romania
012468

Invoice Address

Artisana Medical
Str. Telejean Nr.50
Ap. 4 CP 012468
Sector 2
Bucuresti
Romania
012468
VAT RO22742850

Contact Name Contact Tel

: Silvia Nedeia
: 40722222822

Account 00006304
Customer Reference 16122484KG
Date 17 Dec 2024
Priority 3
Valid until : 16 Jan 2025
Priced In US Dollars

Proforma Invoice MVM153955

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CIP Carriage and Insurance Paid To Artisana Medical, Romania * Incoterms(R) 2020

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 Due Date 16 Dec 2024	120	50.80		6,096.00
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20 Due Date 16 Dec 2024	40	50.80		2,032.00
Bank Charges	Bank Charges	1	40.00		40.00
INS	Insurance	1	81.28		81.28
PPUPS6	UPS Courier Delivery - Standard 2 x 61 x 47 x 47 @ 9 kg each and 1 x 61 x 47 x 47 @ 8 kg	1	74.77		74.77

Total Net: 8,324.05
Total Vat: 0.00
Total: 8,324.05

Banking details
Bank BIC
Sort Code Barclays Bank
Account Number 20-78-42
IBAN 89771244
BIC GB82BUKB20784289771244
Terms and conditions BUKBGB22
<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.