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Cross Hills  
Keighley, West Yorkshire  
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Company Reg No: 01291765  
Eori No: GB287389593000

# Viamed Ltd



## Delivery Address

SUCH -Servico de Utilizacao  
Comum Dos Hosp Armazem Lisboa  
Parque De Saude De Lisboa  
53 Av. Brasil Pavilhao 33-A  
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 Contact Tel

: Maria Joao Pereira  
: 00351239798685

## Account

00007138

## Customer Reference

PA20241000-112SEEM1/536

## Date

18 Dec 2024

## Priority

3

## Valid until

: 18 Jan 2025

## Priced In

Euros

## Proforma Invoice MVM154010

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

Your Viamed Contact for this Proforma Invoice : [aqib.majeed@viamed.co.uk](mailto:aqib.majeed@viamed.co.uk)

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110427 Tariff 9019209000 CoO United States	Oxygen sensor MAX-250+	1	86.00		86.00
INS	Insurance	1	11.50		11.50
PPUPS6	UPS Courier Delivery - Standard	1	16.05		16.05
	23 x 15 x 12cm 0.2kg				

Total Net: 113.55  
Total Vat: 0.00  
Total: 113.55

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.