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Viamed Ltd



Delivery Address

EMAC SRL
C/O Gesped S.A.S
Via Pionieri E Aviatori D`italia SN
Genova
16154
Italy

Invoice Address

EMAC SRL
C/O Gesped S.A.S
Via Pionieri E Aviatori D`italia SN
Genova
16154
Italy

Contact Name Contact Tel

: Ilaria Dellepiane
: 390103290411

Account

CID31425

Customer Reference

AOR25-0118

Date

12 Feb 2025

Priority

3

Valid until

: 15 Mar 2025

Priced In

Euros

Proforma Invoice MVM155006

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CIP Carriage and Insurance Paid To Genova, Italy * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	48.40		96.80
INS	Insurance	1	11.50		11.50
PPUPS6	UPS Courier Delivery - Standard 26 x 24 x 8cm 0.2kg	1	16.59		16.59

Total Net: 124.89
Total Vat: 0.00
Total: 124.89

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