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

Inspira d.o.o. Pot Na Labar 9 Ljubljana 1000 Slovenia Invoice Address

Inspira D.o.o. Pot Na Labar 9 Ljubljana 1000 Slovenia VAT SI21299285 Contact Name Contact Tel : Mateja Cepon : 0038682052973

Account
Customer Reference
Date

CID25631 25-0048 21 Feb 2025

Priority 3

Valid until : 24 Mar 2025

Priced In Euros

Proforma Invoice MVM155179

Page 1

CIP Carriage and Insurance Paid To Inspira, Slovenia * 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 Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	ılar 40	48.40		1,936.00
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 20	48.40		968.00
INS	Insurance	1	29.04		29.04
PPUPS6	UPS Courier Delivery - Standard	1	27.05		27.05
	61 x 47 x 47 cm				

Total Net: 2,960.09

Total Vat:

Total: 2,960.09

0.00

Banking details Bank Sort Code Account Number IBAN BIC Barclays Bank 20-78-42 87399700 GB33BUKB207

GB33BUKB20784287399700

BIC BUKBGB22
Terms and conditions https://www.viamed.co.uk/terms

9 kg

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.