

Viamed Ltd
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Viamed Ltd



Delivery Address

Delta Medic BV
Lorentzlaan 17
IJsselstein
3401 MX
Netherlands

Invoice Address

Delta Medic BV
Lorentzlaan 17
IJsselstein
3401 MX
Netherlands

Contact Name : Joanne Van De Geer
Contact Tel : 0031302741302

Account CID28200
Customer Reference DM-25044-VIA
Date 29 Apr 2025
Priority 3
Valid until : 30 May 2025
Priced In Euros

Proforma Invoice MVM156489

CPT Carriage Paid To Delta Medic BV, Netherlands * Incoterms(R) 2020

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Your Viamed Contact for this Proforma Invoice : kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110040 Tariff 9019209000 CoO Germany	Viamed Oxygen Sensor R-30V	6	56.00	0.00	336.00
PPUPS6	UPS Courier Delivery - Standard	1	13.86	0.00	13.86
	32 x 26 x 12 cm				
	0.60 kg				

Total Net: 349.86
Total Vat: 0.00
Total: 349.86

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.