

Viamed Ltd
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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Dimitrios Charalambidis
XHALE S.A. C/O Apostolos Atsalakis Tatoiou 4A And Othonos 77 Kifissia 145 61 Athens 14561 Greece	XHALE S.A. C/O Apostolos Atsalakis Tatoiou 4A And Othonos 77 Kifissia 145 61 Athens 14561 Greece VAT EL800753522	Contact Tel	: 306937111915
		Account	00006401
		Customer Reference	ORDER A
		Date	07 Jul 2025
		Priority	3
		Valid until	: 07 Aug 2025
		Priced In	Euros

Proforma Invoice MVM157743

Page 1

CIP Carriage and Insurance Paid To Xhale SA, Greece * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110081 Tariff 9019209000 CoO United States	Teledyne Oxygen Sensor UFO 130-2	60	142.70	0.00	8,562.00
0140060	Output assessment of UFO 130-2 oxygen sensor	60	2.00	0.00	120.00
INS	Insurance	1	85.62	0.00	85.62
PPUPS7	UPS Courier Delivery - Express Saver	1	48.09	0.00	48.09

36 x 36 x 25 cm

4.20 kg

Total Net: 8,815.71
Total Vat: 0.00
Total: 8,815.71

Banking details BIC
Bank Barclays Bank
Sort Code 20-78-42
Account Number 87399700
IBAN GB33BUKB20784287399700
BIC BUKGB22
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.