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# Viamed Ltd



## Delivery Address

Orges Gashi  
5 New Drum Street  
Flat 602  
London  
E1 7BQ

## Invoice Address

Agon Gashi  
790 Bronx River Road  
Apt A43  
Bronxville NY  
10708  
United States

## Contact Name Contact Tel

: Orges Gashi  
: 038349248948

## Account

CID33756

## Customer Reference

VIAWEB1214

## Date

09 Jul 2025

## Priority

3

## Valid until

: 09 Aug 2025

## Priced In

UK Pounds

## Proforma Invoice MVM157799

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CIP Carriage and Insurance Paid To London, UK \* Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0012165	Viamed Pulse Oximeter VM-2160 SMARTsat Standard accessories included: 1 x PC Software 1 x USB Data Cable 1 x Silicone Protective Cover 1 x Lanyard 3 x AA Batteries Language package version: Central European including: English, Afrikaans, Dutch, French, German, Hungarian, Italian, Polish, Portuguese and Spanish	2	456.60	91.32	1,095.84
0014753	Pulse Oximetry Silicone Finger Sensor Viamed SMARTsat - Paediatric SCP7500VM Cable Length: 1.2m	2	0.00	0.00	0.00
PPUPS1	UPS Courier Delivery - Standard	1	12.00	2.40	14.40

Total Net: 925.20  
Total Vat: 185.04  
Total: 1,110.24

Banking details  
Bank BIC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGBB22  
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.