

Viamed Ltd
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VAT Reg No: GB287389593
Company Reg No: 01291765
Eori No: GB287389593000

Viamed Ltd



Delivery Address

In.Cas SRL - Innovazioni Casamichele
Via Staffali 40/A
Dossobuono Di Villafranca
Verona
37062
Italy

Invoice Address

In.Cas SRL - Innovazioni Casamichele
Via Staffali 40/A
Dossobuono Di Villafranca
Verona
37062
Italy

Contact Name

Contact Tel

: Jana Urbanova

: 390458601267

Account

Customer Reference

Date

Priority

Valid until

Priced In

CID23473

177/25

21 Jul 2025

3

: 21 Aug 2025

Euros

Proforma Invoice MVM158014

CIP Carriage and Insurance Paid To Incas, Italy * 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
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	30	40.30	0.00	1,209.00
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	15	38.50	0.00	577.50
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	6	34.96	0.00	209.76
INS	Insurance	1	19.96	0.00	19.96
PPUPS6	UPS Courier Delivery - Standard 61 x 47 x 47 cm 9 kg	1	26.91	0.00	26.91

Total Net: 2,043.13
Total Vat: 0.00
Total: 2,043.13

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.