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

Basics Devon 28 Buckwell Wellington Somerset **TA21 8TA**

Invoice Address

Basics Devon PO Box 165 Plymouth Dévon PL7 9BJ

Contact Name Contact Tel

: Conor Bernard Calby

: 07973272299

Account Customer Reference Date

CID34187 15082594AM 15 Aug 2025

Priority 3

Valid until Priced In

15 Sep 2025 **UK Pounds**

Page 1

Proforma Invoice MVM158504

CIP Carriage and Insurance Paid To Basics Devon, UK * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice: agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
4420815	VersaStream Viamed CO2/O2 Sampling Line Oral/Nasal, Adult, Short-term Box of 10	1	90.30	0.00	90.30
PPUPS1	UPS Courier Delivery - Standard	1	12.00	0.00	12.00

Total Net: 102.30 Total Vat: 0.00

Total: 102.30

Banking details

Barclays Bank PLC Bank Sort Code 20-78-42 00906662 Account Number

IBAN GB05BUKB20784200906662

BIC BUKBGB22
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.