

Viamed Ltd
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Viamed Ltd



Delivery Address

ACH IRWIN RILEY
 PB LOGISTICS WAREHOUSE
 650 Huebner Road
 Fort Riley
 KS
 66442-5936
 United States

Invoice Address

IT Kick Start
 28027 Linda Ln
 Santa Clarita
 CA
 91350-5712
 United States

Contact Name

: Ben Clark

Contact Tel

: 001 6615844540

Account

CID34328

Customer Reference

28082513RS

Date

28 Aug 2025

Priority

3

Valid until

28 Sep 2025

Priced In

US Dollars

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Proforma Invoice MVM158704

CIP Carriage and Insurance Paid To Fort Riley, USA * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : ryan.swaine@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0310291 Tariff 9019.20.0000 CoO U.S.A.	MaxBlend 2 - Low Flow 0-15 lpm.	28	1,850.00	0.00	51,800.00
BC	Bank Charges	1	25.00	0.00	25.00
INS	Insurance	1	518.00	0.00	518.00
PPUPS6	UPS Courier Delivery - Standard	1	2,522.80	0.00	2,522.80

14 boxes: 61x47x42cm, 9kg each

Production order will be raised once a 70 percent non-refundable deposit is received.

The outstanding balance of 30 percent is to be paid in full prior to the dispatch of the order.

Total Net: 54,865.80

Total Vat: 0.00

Total: 54,865.80

Banking details
 Bank BIC
 Sort Code Barclays Bank
 Account Number 20-78-42
 IBAN 89771244
 BIC GB82BUKB20784289771244
 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.