

Viamed Ltd
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Viamed Ltd



Delivery Address

Oxygen Therapy Centre
 Philip James House
 Oak Tree Gardens Trinity Hill
 St Helier
 Jersey
 JE2 4ZU

Invoice Address

Oxygen Therapy Centre
 Philip James House
 Oak Tree Gardens Trinity Hill
 St Helier
 Jersey
 JE2 4ZU

Contact Name : Collette Bagas
 Contact Tel : 07829961546

Account 00012878
 Customer Reference 03092594AM
 Date 01 Sep 2025
 Priority 3

Valid until 02 Oct 2025
 Priced In UK Pounds

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Proforma Invoice MVM158768

CIP Carriage and Insurance Paid To Oxygen Therapy Centre, Jersey * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110017	Teledyne Sensor R-17MED	1	54.40	0.00	54.40
PPUPS1	UPS Courier Delivery - Standard	1	0.00	0.00	0.00

Total Net: 54.40
 Total Vat: 0.00
 Total: 54.40

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.