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

Sage Services Group 2160 Hwy 292 Inman SC 29349 **United States**

Invoice Address

Sage Services Group 506 Deanna Lane Charleston SC 29492 **United States**

Contact Name Contact Tel

: Clay Harper : 8772817243

Account

00006727

Customer Reference Date

SRS69196/1001163 22 Sep 2025

Priority

7

Valid until Priced In

23 Oct 2025 **US Dollars**

Proforma Invoice MVM159126

Page 1 CIP Carriage and Insurance Paid To Sage Services Group, USA * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice: cathy.green@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1480000 Tariff 9018199000 CoO United Kingdom	V1000 Foetal Heart Simulator Service and Functional Check	1	79.20	0.00	79.20
PAYPAL	S/N:PR01883A18 SRS69196 SRN38172 PayPal Account : paypal@viamed.co.uk	1	8.50	0.00	8.50
INS	Insurance	1	12.50	0.00	12.50
PPUPS7	UPS Courier Delivery - Express Saver	1	53.77	0.00	53.77

Total Net: 153.97 Total Vat: 0.00

Total: 153.97

Banking details Bank Sort Code Account Number IBAN

BIC Barclays Bank 20-78-42 89771244 GB82BUKB20784289771244 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. 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.