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Viamed Ltd



Delivery Address

Delta Medic BV
Lorentzlaan 17
IJsselstein
3401 MX
Netherlands

Invoice Address

Delta Medic BV
Lorentzlaan 17
IJsselstein
3401 MX
Netherlands

Contact Name : Joanne Van De Geer
Contact Tel : 0031302741302

Account CID28200
Customer Reference 01182594AM
Date 01 Dec 2025
Priority 3

Valid until 01 Jan 2026
Priced In Euros

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Proforma Invoice MVM160481

CPT Carriage Paid To Delta Medic BV, Netherlands * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110572 Tariff 9019209000 CoO Germany	Oxygen sensor OOM102-1	1	40.00	0.00	40.00
PPUPS6	UPS Courier Delivery - Standard	1	13.25	0.00	13.25
	23 x 15 x 12cm 0.2kg				

Total Net: 53.25
Total Vat: 0.00
Total: 53.25

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.