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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Joanne Van De Geer
Delta Medic BV Lorentzlaan 17 IJsselstein 3401 MX Netherlands	Delta Medic BV Lorentzlaan 17 IJsselstein 3401 MX Netherlands	Contact Tel	: 0031302741302
		Account	CID28200
		Customer Reference	23122594AM
		Date	23 Dec 2025
		Priority	3
		Valid until	23 Jan 2026
		Priced In	Euros
		Page 1	

Proforma Invoice MVM160877

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
0110073 Tariff 9019209000 CoO Germany	Viamed Oxygen Sensor R-22VA - Pack of 2	1	64.00	0.00	64.00
PPUPS6	UPS Courier Delivery - Standard	1	13.24	0.00	13.24

23 x 15 x 12cm

0.3kg

Total Net:	77.24
Total Vat:	0.00
Total:	77.24

Banking details
 Bank Barclays Bank
 Sort Code 20-78-42
 Account Number 87399700
 IBAN GB33BUKB20784287399700
 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.