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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Anna Apostoli
In.Cas SRL - Innovazioni Casamichele	In.Cas SRL - Innovazioni Casamichele	Contact Tel	: 390458601267
Via Staffali 40/A	Via Staffali 40/A	Account	CID23473
Dossobuono Di Villafranca	Dossobuono Di Villafranca	Customer Reference	30/00
Verona	Verona	Date	27 Jan 2026
37062	37062	Priority	3
Italy	Italy		

Valid until	27 Feb 2026
Priced In	Euros
	Page 1

Proforma Invoice MVM161455

CIP Carriage and Insurance Paid To Incas, Italy * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	50	48.40	0.00	2,420.00
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	4	48.40	0.00	193.60
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	4	48.40	0.00	193.60
INS	Insurance	1	28.07	0.00	28.07
PPUPS6	UPS Courier Delivery - Standard 61 x 47 x 47 cm 11.20 kg	1	27.32	0.00	27.32

Total Net:	2,862.59
Total Vat:	0.00
Total:	2,862.59

Banking details	BIC
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.