Viamed Ltd

Contact Name	: Anna Apostoli
Contact Tel	: 390458601267

Delivery Address	Invoice Address		
In.Cas SRL - Innovazioni Casamichele	In.Cas SRL - Innovazioni Casamichele	Account	CID23473
Via Staffali 40/A	Via Staffali 40/A	Customer Reference	30/00
Dossobuono Di Villafranca	Dossobuono Di Villafranca	Date	27 Jan 2026
Verona	Verona	Priority	3
37062	37062		
Italy	Italy	Valid until	27 Feb 2026
		Priced In	Euros

Proforma Invoice MVM161455

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

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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

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.