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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** 04932694AM  
**Date** 04 Mar 2026  
**Priority** 3

**Valid until** 04 Apr 2026  
**Priced In** Euros

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## Proforma Invoice MVM162205

CPT Carriage Paid To Delta Medic BV, Netherlands \* Incoterms 2020

Your Viamed Contact for this Proforma Invoice : [aqib.majeed@viamed.co.uk](mailto:aqib.majeed@viamed.co.uk)

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110572 Tariff 9019209000 CoO Germany	Oxygen sensor OOM102-1	3	40.00	0.00	120.00
0110570 Tariff 9019209000 CoO Germany	Oxygen sensor OOM101	2	30.00	0.00	60.00
PPUPS6	UPS Courier Delivery - Standard	1	13.95	0.00	13.95
	23 x 15 x 15cm 0.5kg				

**Total Net:** 193.95  
**Total Vat:** 0.00  
**Total:** 193.95

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