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# Viamed Ltd

**Delivery Address**

Flow Rider Kft  
 Orban Str. 1  
 Budapest  
 H1239  
 Hungary  
 eori HU0137822009

**Invoice Address**

Flow Rider Kft  
 Kende Kanuth 85-87  
 A Lph 2/2  
 Budapest  
 H1204  
 Hungary  
 VAT 24063719

**Contact Name** : Petrass Gyorgy  
**Contact Tel** : 36209227339

**Account** CID36953  
**Customer Reference** 20042684KG3  
**Date** 20 Apr 2026  
**Priority** 3

**Valid until** 21 May 2026  
**Priced In** Euros

## Proforma Invoice MVM163054

CIP Carriage and Insurance Paid To Flow Rider Kft, Hungary \* Incoterms 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
0110432 Tariff 9019209000 CoO United States	Maxtec Oxygen Sensor MAX-250(B) Unterminated Ref. R125P02-003	1	67.50	0.00	67.50
PPUPS6	UPS Courier Delivery - Standard  23 x 15 x 12 cm 0.20 kg	1	20.00	0.00	20.00
				<b>Total Net:</b>	<b>87.50</b>
				<b>Total Vat:</b>	<b>0.00</b>
				<b>Total:</b>	<b>87.50</b>

Banking details BIC  
 Bank Barclays Bank  
 Sort Code 20-78-42  
 Account Number 87399700  
 IBAN GB33BUKB20784287399700  
 BIC BUKGBB22  
 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.