

Viamed Ltd
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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Anna Apostoli
		Contact Tel	: 390458601267
In.Cas SRL - Innovazioni Casamichele Via Staffali 40/A Dossobuono Di Villafranca Verona 37062 Italy	In.Cas SRL - Innovazioni Casamichele Via Staffali 40/A Dossobuono Di Villafranca Verona 37062 Italy	Account	CID23473
		Customer Reference	122/00
		Date	12 May 2026
		Priority	3

Valid until	12 Jun 2026
Priced In	Euros
	Page 1

Proforma Invoice MVM163510

CIP Carriage and Insurance Paid To Incas, Italy * Incoterms 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	55	48.40	0.00	2,662.00
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	20	48.40	0.00	968.00
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	10	48.40	0.00	484.00
INS	Insurance	1	41.14	0.00	41.14
PPUPS6	UPS Courier Delivery - Standard 1 x 61x47x47cm 10kg and 1 x 61x47x25cm 6kg	1	41.00	0.00	41.00

Total Net:	4,196.14
Total Vat:	0.00
Total:	4,196.14

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.