

Viamed Ltd
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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Clay Harper
Sage Services Group	Sage Services Group	Contact Tel	: 8645991922
2160 Highway 292	506 Deanna Lane	Account	00006727
Inman	Charleston	Customer Reference	SRS69438
SC 29349	SC 29492	Date	04 Jun 2026
United States	United States	Priority	7
		Valid until	05 Jul 2026
		Priced In	US Dollars

Proforma Invoice MVM163943

CIP Carriage and Insurance Paid To Sage Services Group, USA * Incoterms 2020

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Your Viamed Contact for this Proforma Invoice : cathy.green@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1480000 Tariff 9018199000 CoO United Kingdom	V1000 Foetal Heart Simulator Service and Functional Check	1	79.20	0.00	79.20
	S/N:PR01883A18 SRS69438 SRN38803				
1430309 Tariff 9031808000 CoO United Kingdom	V1000 Transducer Interface Cushion	1	0.00	0.00	0.00
	SRS69438 SRN38803				
PAYPAL	PayPal Account : paypal@viamed.co.uk	1	8.04	0.00	8.04
INS	Insurance	1	12.50	0.00	12.50
PPUPS7	UPS Courier Delivery - Express Saver	1	42.61	0.00	42.61

Total Net:	142.35
Total Vat:	0.00
Total:	142.35

Banking details BIC
 Bank Barclays Bank
 Sort Code 20-78-42
 Account Number 89771244
 IBAN GB82BUKB20784289771244
 BIC BUKGB22
 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.