

Invoice Address
SAS Brand Medical Diffusion
15 B Rue de l'Ancienne Pepiniere
St Remy Sur Avre
28380
France

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000



Contact Name Sylvie Virapin
Contact Tel 0237621000
Account CID18515
Customer Reference CF00000209
Date 03 Jan 2024
Vat Number FR63900312307
Tracking Number 1Z9W96386842645504
Priced In US Dollars

Invoice RVM147376-1

Delivery Address
SAS Brand Medical Diffusion
15 B Rue de l'Ancienne Pepiniere
St Remy Sur Avre
28380
France

CIP Carriage and Insurance Paid To Brand Medical Diffusion, France * Incoterms(r) 2020

Delivery Reference DVM147376-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	20	50.80	0.00	1,016.00
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	12	50.80	0.00	609.60
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	5	50.80	0.00	254.00
Bank Charges	Bank Charges		20.00	0.00	20.00
INS	Insurance		18.80	0.00	18.80
PPUPS6	UPS Courier Delivery - Standard AWB:1Z9W96386842645504		17.40	0.00	17.40

Total Net: 1,935.80
Total Vat: 0.00
Total: 1,935.80

Banking details
Bank Barclays Bank
Sort Code 20-78-42
Account Number 89771244
IBAN GB82BUKB20784289771244
BIC BUKGBB22
Terms & conditions <https://www.viamed.co.uk/terms>

Terms: Net 30 days from date of invoice.
Full invoice 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.