

Invoice Address
In.Cas SRL - Innovazioni Casamichele
Via Staffali 40/A
Dossobuono Di Villafranca
Verona
37062
Italy

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 Anna Apostoli
Contact Tel 390458601267
Account CID23473
Customer Reference 9/24
Date 11 Jan 2024
Tracking Number 1Z9W96386841054181
Priced In Euros

Invoice RVM147536-1 Paid

Delivery Address
In.Cas SRL - Innovazioni Casamichele
Via Staffali 40/A
Dossobuono Di Villafranca
Verona
37062
Italy

CIP Carriage and Insurance Paid To Incas, Italy * Incoterms(r) 2020

Delivery Reference DVM147536-1 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	8	48.40	0.00	387.20
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	24	48.40	0.00	1,161.60
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	2	48.40	0.00	96.80
INS	Insurance		16.46	0.00	16.46
PPUPS6	UPS Courier Delivery - Standard 61 x 47 x 25 cm 5.60 kg AWB:1Z9W96386841054181		22.20	0.00	22.20

Total Net: 1,684.26
Total Vat: 0.00
Total: 1,684.26

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