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

Italy

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

Supplier Viamed Ltd 15 Station Road Cross Hills

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

Anna Apostoli Contact Name 390458601267 Contact Tel CID23473 Account Customer Reference 131/24 Date 23 May 2024

Tracking Number

1z9w96386877680017

Priced In Euros

Invoice RVM150053-1 Paid

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

Delivery Reference DVM150053-1 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 - Regu Ref. R300P01 Pack of 20	ılar 46	48.40	0.00	2,226.40
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	nie 13	48.40	0.00	629.20
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	7	48.40	0.00	338.80
INS	Insurance		31.94	0.00	31.94
PPUPS6	UPS Courier Delivery - Standard 61 x 47 x 47 cm 10.50 kg AWB:1z9w96386877680017		25.79	0.00	25.79

Total Net: 3,252.13 Total Vat: 0.00

> Total: 3,252.13

Banking details Bank Sort Code Account Number IBAN

Barclays Bank 20-78-42 87399700

GB33BUKB20784287399700

BIC BUKBGB22 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.

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