Invoice Address
HCA Accounts Payable
2 Cavendish Square
London
W1G 0PU

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 | Carl Fraser |
| Contact Tel | 02073908025 |
| Account | 00002939 |
| Customer Reference | 280791 |
| Date | 23 May 2024 |
| Tracking Number | 1Z9W96386842650178 |
| Priced In | UK Pounds |

Delivery Address
Portland Hospital
Hallam Street (Hospital Rear)
Materials Department
London
W1W 5HG

# Invoice RVM150083-1

CIP Carriage and Insurance Paid To The Portland Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM150083-1 Contact sophie.lines@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|---|---|---|---|---|---|
| 1114006<br>Tariff 9018199000<br>CoO U.S.A. | EyeMax 2 Neonatal Phototherapy Mask - Premie<br>Ref. R300P02<br>Pack of 20 | 1 | 55.30 | 11.06 | 66.36 |
| PPUPS1 | UPS Courier Delivery - Standard<br>AWB:1Z9W96386842650178 | | 8.00 | 1.60 | 9.60 |

| | |
|---|---|
| Total Net: | 63.30 |
| Total Vat: | 12.66 |
| Total: | 75.96 |

Banking details

| | |
|---|---|
| Bank | Barclays Bank PLC |
| Sort Code | 20-78-42 |
| Account Number | 00906662 |
| IBAN | GB05BUKB20784200906662 |
| 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 7 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.