Invoice Address
Novamedisan Italia s.r.l.
via dei Lapidari 3
Bologna
40129
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	Sandra Gentilini
Contact Tel	0039051327911
Account	CID25627
Customer Reference	199
Date	03 Jul 2024
Vat Number	IT 02501461202
Priced In	Euros

Delivery Address
Novamedisan Italia s.r.l.
via dei Lapidari 3
Bologna
40129
Italy
eori IT02501461202

Invoice RVM150853-1

EXW Ex Works Viamed, UK * Incoterms(r) 2020

Delivery Reference DVM150853-1 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	80	48.40	0.00	3,872.00
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	70	48.40	0.00	3,388.00
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	10	48.40	0.00	484.00
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: Box 1: 61x47x47cm 12kg Box 2: 61x47x47cm 11.6kg Box 3: 61x47x32cm 5.4kg		0.00	0.00	0.00

Total Net:	7,744.00
Total Vat:	0.00
Total:	7,744.00

Banking details

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