

Invoice Address
NHFM Ltd
Finance Department
7-8 Silverfox Way
Cobalt Business Park
Newcastle Upon Tyne
NE27 0QJ

Delivery Address
Northumberland Specialist
Emergency Care Hospital
Nsech Supplies Store Nh2426
Northumbria Way
East Cramlington
NE23 6NZ

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 Rebecca Newton
Contact Tel 03448118111
Account 00000149
Customer Reference RTFE400409846
Date 27 Jan 2025
Tracking Number 1Z9W96386840002621
Priced In UK Pounds

Invoice RVM154672-1

CIP Carriage and Insurance Paid To Northumbria Specialist Hospital, * Incoterms(r) 2020

Delivery Reference DVM154672-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	10	55.30	11.06	663.60
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840002621		12.00	2.40	14.40

Total Net: 565.00
Total Vat: 113.00
Total: 678.00

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGB22
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.