Invoice Address SaVia Medical GmbH Walter-Kohn-Strasse 1a Leipzig 04356

Germany

Delivery Address SaVia Medical GmbH Walter-Kohn-Strasse 1a Leipzig 04356 Germany

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

Susanne Schumann Contact Name Contact Tel 034152027822 CID31668 Account Customer Reference BL018495/JP Date 27 May 2025

Tracking Number 1Z9W96386878484308

Priced In Euros

Invoice RVM156657-1 Paid

CIP Carriage and Insurance Paid To SaVia Medical GmbH, Germany * Incoterms(r) 2020

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|---|---------------------------------|----------|--------|----------|--------|
| 1410000 Tariff 90318080-00 CoO U.K. | Foetal Heart Simulator V1000 | 1 | 790.80 | 0.00 | 790.80 |
| | S/N:PR03782A11 | | | | |
| INS | Insurance | | 11.50 | 0.00 | 11.50 |
| PPUPS6 | UPS Courier Delivery - Standard | | 13.58 | 0.00 | 13.58 |
| | 32 x 26 x 12 cm | | | | |
| | 1.2 kg | | | | |
| | AWB:1Z9W96386878484308 | | | | |

Delivery Reference DVM156657-1 Contact sophie.lines@viamed.co.uk

Total Net: 815.88 Total Vat: 0.00 Total: 815.88

Banking details Bank

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

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