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

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

Supplier Viamed Ltd 15 Station Road

Carl Fraser Contact Name 02073908025 Contact Tel 00002939 Account Customer Reference 349766 Date 08 Aug 2025

1Z9W96386842167558 Tracking Number

UK Pounds Priced In

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

Invoice RVM158335-1

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

Delivery Reference DVM158335-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regul Ref. R300P01 Pack of 20	lar 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842167558		0.00	0.00	0.00

Total Net: 56.70 Total Vat: 11.34 Total: 68.04

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

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.