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

15 Station Road Cross Hills Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
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Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000

Supplier Viamed Ltd

Contact Name Contact Tel Account **Customer Reference**

00002939 350469 13 Aug 2025

Carl Fraser

02073908025

Date Tracking Number

1Z9W96386878203147

Priced In **UK Pounds**

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

Invoice RVM158425-1

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

Delivery Reference DVM158425-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878203147		8.00	1.60	9.60

Total Net: 64.70 Total Vat: 12.94 Total: 77.64

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.