

Invoice Address
Betsi Cadwaladr University Health Board
PO Box 117
Pontypool
NP4 4DP

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 Huw Bevan
Contact Tel 03000848600
Account 00005500
Customer Reference SRS69244
Date 27 Sep 2025
Tracking Number 1Z9W96386842707894
Priced In UK Pounds

Invoice RVM159211-1

Delivery Address
Wrexham Maelor Hospital
EBME Department
Dept. 28
Croesnewydd Road
Wrexham
LL13 7TD

CIP Carriage and Insurance Paid To Wrexham Maelor Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM159211-1 Contact cathy.green@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1480000 Tariff 9018199000 CoO United Kingdom	V1000 Foetal Heart Simulator Service and Functional Check	1	0.00	0.00	0.00
	S/N: PR03665A14 SRS69244 SRN38177 Free of charge due to short date on purchased sale and return unit.				
1430309 Tariff 9031808000 CoO United Kingdom PPUPS1	V1000 Transducer Interface Cushion SRS69244 SRN38177 UPS Courier Delivery - Standard AWB:1Z9W96386842707894	1	0.00	0.00	0.00
			0.00	0.00	0.00
				Total Net:	0.00
				Total Vat:	0.00
				Total:	0.00

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.