Invoice Address Maidstone and Tunbridge Wells NHST Accounts Payable Finance Department Unit F Hermitage Court Hermitage Lane Maidstone **ME16 9NT**

Delivery Address Tunbridge Wells Hospital Neonatal Green Zone L2 Main Stores Tonbridge Road Pembury Tunbridge Wells TN2 4QJ

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

Purchasing Department Contact Name

01622225329 Contact Tel 0000019 Account Customer Reference 500498523 Date 13 Oct 2025

Tracking Number 1Z9W96386840825957

Priced In **UK Pounds**

Invoice RVM159508-1

CIP Carriage and Insurance Paid To Tunbridge Wells Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM159508-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840825957		10.00	2.00	12.00

Total Net: 123.40 Total Vat: 24.68 Total:

148.08

Banking details Bank

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

IBAN GB05BUKB20784200906662 BUKBGB22

Terms & conditions https://www.viamed.co.uk/terms

Terms: Net 30 days from date of invoice.

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.

