



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
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Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000

Contact Name Samuel Burnett
Contact Tel 01978291100
Account 00005500
Customer Reference 10213871
Date 07 Jan 2026
Tracking Number 1Z9W96386877202533
Priced In UK Pounds

Invoice RVM160740-1

Delivery Address
Wrexham Maelor Hospital
Parcel Receiving Office
Croesnewydd Road
Wrexham
LL13 7TD

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

Delivery Reference DVM160740-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	12	11.75	2.35	169.20
PPUPPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877202533	0.00	0.00	0.00	0.00

Total Net: 141.00
Total Vat: 28.20
Total: 169.20

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