

Invoice Address
 In.Cas SRL - Innovazioni Casamichele
 Via Staffali 40/A
 Dossobuono Di Villafranca
 Verona
 37062
 Italy

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 Anna Apostoli
 Contact Tel 390458601267
 Account CID23473
 Customer Reference 30/00
 Date 02 Feb 2026
 Tracking Number 1Z9W96386840120833
 Priced In Euros

Invoice RVM161455-1 Paid

Delivery Address
 In.Cas SRL - Innovazioni Casamichele
 Via Staffali 40/A
 Dossobuono Di Villafranca
 Verona
 37062
 Italy

CIP Carriage and Insurance Paid To Incas, Italy * Incoterms(r) 2020

Delivery Reference DVM161455-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	50	48.40	0.00	2,420.00
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	4	48.40	0.00	193.60
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	4	48.40	0.00	193.60
INS	Insurance		28.07	0.00	28.07
PPUPS6	UPS Courier Delivery - Standard 61 x 47 x 47 cm 12.20 kg AWB:1Z9W96386840120833		27.32	0.00	27.32

Total Net: 2,862.59
 Total Vat: 0.00
 Total: 2,862.59

Banking details
 Bank Barclays Bank
 Sort Code 20-78-42
 Account Number 87399700
 IBAN GB33BUKB20784287399700
 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 14 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.