

Invoice Address
Novamedisan Italia s.r.l.
via dei Lapidari 3
Bologna
40129
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 Francesca Monti
Contact Tel 0039051327911
Account CID25627
Customer Reference 214
Date 01 Sep 2026
Vat Number IT 02501461202
Priced In Euros

Invoice RVM165570-1

Delivery Address
Novamedisan Italia s.r.l.
Via Dei Terraioli 10
Bologna
40129
Italy
eori IT02501461202

EXW Ex Works Viamed, UK * Incoterms 2020

Delivery Reference DVM165570-1 Contact aqib.majeed@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 LOT NUMBER : 057151-4 X48 057160-5 X2	50	48.40	0.00	2,420.00
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20 LOT NUMBER : 057152-2 X10	10	48.40	0.00	484.00
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20 LOT NUMBER :056693-4 X8	8	48.40	0.00	387.20
EXW	Delivery: EXW - Viamed, UK (Incoterms 2020) Consigned to: 61x47x4cm 12.0kg		0.00	0.00	0.00

Total Net: 3,291.20
Total Vat: 0.00
Total: 3,291.20

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