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

Viamed Ltd



Delivery Address

Burke & Burke SPA Via Einstein 32 Assago (MI) 20057 Italy eori IT01059590107 Invoice Address

Burke & Burke SPA Via Giulio Vincenzo Bona 133 Roma (RM) 00156 Italy VAT 01059590107

Contact Name Contact Tel

: Eleonora Restelli : 00390236570100

Account Customer Reference CID10723 10000694 17 Jun 2025

Date 3 Priority

Valid until : 17 Jul 2025 **US Dollars** Priced In

Proforma Invoice MVM157348

Page 1

CIP Carriage and Insurance Paid To Assago, Italy * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice: agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0111263 Tariff 90181990-00 CoO United States	Maxtec MaxO2 ME Oxygen Monitor Ref. R230P01-001 Due Date 16 Jun 2025	2	657.15	0.00	1,314.30
INS	Insurance	1	13.14	0.00	13.14
Bank Charges	Bank Charges	1	25.00	0.00	25.00
PPUPS7	UPS Courier Delivery - Express Saver	1	39.32	0.00	39.32
	32 x 24 x 24cm 2.2kg				

Total Net: 1,391.76 Total Vat: 0.00

> Total: 1,391.76

Banking details Bank Sort Code Account Number IBAN

BIC Barclays Bank 20-78-42 89771244 GB82BUKB20784289771244 BIC BUKBGB22
Terms and conditions https://www.viamed.co.uk/terms

Full proforma 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. Claims after these times cannot be entertained.

Title to goods does not pass until payment in full has been received.
Proforma Valid for 30 days only.

Viamed Ltd reserves the right to add an administration
fee to the Proforma if multiple changes are requested.