

Viamed Ltd  
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Cross Hills  
Keighley, West Yorkshire  
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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

# Viamed Ltd



## Delivery Address

Prosit  
41 Filotheis Street  
Neo Irakleio Attikis  
Athens  
14122  
Greece

## Invoice Address

Prosit  
41 Filotheis Street  
Neo Irakleio Attikis  
Athens  
14122  
Greece  
VAT EL035905138

Contact Name : Dimosthenis Alexandrou  
Contact Tel : 00306945933412

Account 00007392  
Customer Reference 06102584KG3  
Date 06 Oct 2025  
Priority 3

Valid until 06 Nov 2025  
Priced In Euros  
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## Proforma Invoice MVM159397

CIP Carriage and Insurance Paid To Prosit, Greece \* Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : 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	1	48.40	0.00	48.40
INS	Insurance	1	11.50	0.00	11.50
PPUPS7	UPS Courier Delivery - Express Saver	1	26.91	0.00	26.91
	26 x 24 x 6 cm 0.20 kg				

Total Net: 86.81  
Total Vat: 0.00  
Total: 86.81

Banking details  
Bank BIC  
Sort Code Barclays Bank  
Account Number 20-78-42  
IBAN 87399700  
BIC GB33BUKB20784287399700  
Terms and conditions BUKBGB22  
<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.  
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.