Viamed Ltd
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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

Viamed Ltd

Delivery Address

SUCH - Servico de Utilizacao
Comum Dos Hosp Armazem Lisboa
Parque De Saude De Lisboa
Av. Brasil 53 Pavilhao 33-A
Lisbon
1749-003
Portugal

Invoice Address

SUCH - Servico De Utilizacao
Comum Dos Hospitais
Avenida Do Brasil
53 Pavilhao 33A
Lisbon
1749-003
Portugal
VAT PT500900469

Contact Name	: Maria Joao Pereira
Contact Tel	: 00351239798685
Account	00007138
Customer Reference	NE2025/50318
Date	07 Nov 2025
Priority	3
Valid until	08 Dec 2025
Priced In	Euros

Proforma Invoice MVM160027

CIP Carriage and Insurance Paid To SUCH Hospitais, Portugal * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110057 Tariff 9019209000 CoO United States	Teledyne Oxygen Sensor T-7 Due Date 06 Nov 2025	6	64.50	0.00	387.00
INS	Insurance	1	11.50	0.00	11.50
PPUPS6	UPS Courier Delivery - Standard 32 x 24 x 16 cm 0.8 kg	1	16.04	0.00	16.04

Total Net:	414.54
Total Vat:	0.00
Total:	414.54

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