

Viamed Ltd
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Viamed Ltd



Delivery Address

Hospitex Diagnostics Kaunas
 Simno G.4
 Kaunas
 LT-46365
 Lithuania

Invoice Address

Hospitex Diagnostics Kaunas
 Simno G.4
 Kaunas
 LT-46365
 Lithuania
 VAT LT107474219

Contact Name

Contact Tel

: Tomas Desceras

: 0037037363056

Account

Customer Reference

Date

Priority

00006090

21112594AM

21 Nov 2025

3

Valid until

Priced In

22 Dec 2025

Euros

Page 1

Proforma Invoice MVM160274

CIP Carriage and Insurance Paid To Hospitex Diagnostics Kaunas, Lit * Incoterms(R) 2020

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0110017 Tariff 901920900 CoO United States	Teledyne Sensor R-17MED	3	45.70	0.00	137.10
INS	Insurance	1	11.50	0.00	11.50
PPUPS6	UPS Courier Delivery - Standard	1	17.89	0.00	17.89
	23 x 15 x 15cm 0.3kg				

Total Net: 166.49

Total Vat: 0.00

Total: 166.49

Banking details

Bank

Sort Code

Account Number

IBAN

BIC

Terms and conditions

BIC

Barclays Bank

20-78-42

87399700

GB33BUKB20784287399700

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.