**Invoice Address** Hospitex Diagnostics Kaunas

Simno G.4 Kaunas LT-46365 Lithuania

LT-46365

Lithuania

Supplier Viamed Ltd 15 Station Road Cross Hills 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

Delivery Address Hospitex Diagnostics Kaunas Simno G.4 Kaunas

**Tomas Desceras** Contact Name 0037037363056 Contact Tel 00006090 Account Customer Reference 21112594AM Date 25 Nov 2025 Vat Number LT107474219

Tracking Number 1Z9W96386878357446

Priced In Euros

Invoice RVM160274-1 Paid

CIP Carriage and Insurance Paid To Hospitex Diagnostics Kaunas, Lit \* Incoterms(r) 2020 Delivery Reference DVM160274-1 Contact agib.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
COC Clinica Claics	S/N:267708-267710				
INS	Insurance		11.50	0.00	11.50
PPUPS6	UPS Courier Delivery - Standard		17.89	0.00	17.89
	23 x 15 x 15cm				
	0.3kg AWB:1Z9W96386878357446				

Total Net: 166.49 Total Vat: 0.00 Total: 166.49

Banking details Bank

Barclays Bank Sort Code 20-78-42 87399700 Account Number IBAN

GB33BUKB20784287399700 BIC BUKBGB22
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.

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