

To request a payment from Crib Med Limited, your invoice MUST have the following:

**Crib Med’s details**

Crib Med Limited

VAT: IE3577640NH

Ground Floor, 71 Lower Baggot Street,

Dublin D02 P593

Ireland

**Your details**

• Company name

• Company address

• Company tax number / personal tax number

• Date

• Product description (Free Gift + YOUR SERVICE)

• Price – sales tax must be itemized (if applicable)

There’s a sample template below.

**INVOICE**

**DATE:**

**INVOICE N°:**

**Name:**

**Address:**

**Tax number:**

**BILLED TO:**

Crib Med Limited

Ground Floor, 71 Lower Baggot Street,

Dublin D02 P593

Ireland

VAT: IE3577640NH

**SERVICE: COST:**

|  |  |
| --- | --- |
| Free gift – (name of your service) | €0.00 |
| **Sales Tax** | €0.00 |
| **TOTAL** | €0.00 |

**PAY TO:**

(your bank details including beneficiary name, iBAN, BIC)