



INVOICE			
Date	Number	Type	Page
9/30/2022	362518	SO Invoice	1
Customer PO :		PVM2652	Currency Code:

SOLD TO
 VIAMED
 15 STATION RD
 CROSS HILLS, KEIGHLEY
 WEST YORKSHIRE, BD20 7DT
 GB

Sales Order ID: 316195
Confirm To: STEPHEN NIXON
Attention:
Reference:
Sales Rep: VD
Region: OEIT **Order Class:** R **Order Entry:** AW

BILL TO
 VIAMED
 15 STATION RD
 CROSS HILLS, KEIGHLEY
 WEST YORKSHIRE, BD20 7DT
 GB

Bill To Phone: 44-153-563-4542
Bill To Fax: 44-153-563-5582
Resale Number:
Ship Via: SEE NOTES
FOB: SHIPPING POINT
Freight Terms: Collect
Terms: NET 45 DAYS

LINE	DESCRIPTION	U/M	ORDER QUANTITY	UNIT PRICE	DISC
PART ID	CUSTOMER PART ID	SHIP DATE	SHIPPED QUANTITY	EXTENSION	TAX
1	ANALYZER, HANDI+ INTERNATIONAL	EA	50.0000	136.50	
R218P12-001	R218P12-001	9/30/2022	50.0000	6,825.00	N
Serial Numbers:					
HJ69799005	HJ69799006	HJ69799007	HJ69799008		
HJ69799009	HJ69799010	HJ69799011	HJ69799012		
HJ69799013	HJ69799014	HJ69799015	HJ69799016		
HJ69799017	HJ69799018	HJ69799019	HJ69799020		
HJ69799021	HJ69799022	HJ69799023	HJ69799024		
HJ69799025	HJ69799026	HJ69799027	HJ69799028		
HJ69799029	HJ69799030	HJ69799033	HJ69799034		
HJ69799035	HJ69799036	HJ69799037	HJ69799038		
HJ69799039	HJ69799040	HJ69799041	HJ69799042		
HJ69799043	HJ69799044	HJ69799045	HJ69799046		
HJ69799047	HJ69799048	HJ69799049	HJ69799050		
HJ69799051	HJ69799052	HJ69799053	HJ69799054		
HJ69799055	HJ69799056				
Lot IDs:					
HJ69799					
2	FREIGHT CHARGE	EA	0.0000	0.00	
		9/30/2022	0.0000	0.00	N
3	FREIGHT CHARGE	EA	0.0000	0.00	
		9/30/2022	0.0000	0.00	N



INVOICE			
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SOLD TO
 VIAMED
 15 STATION RD
 CROSS HILLS, KEIGHLEY
 WEST YORKSHIRE, BD20 7DT
 GB

M5755

Sales Order ID: 316195
Confirm To: STEPHEN NIXON
Attention:

Reference: **Sales Rep:** VD

Region: OEIT **Order Class:** R **Order Entry:** AW

BILL TO
 VIAMED
 15 STATION RD
 CROSS HILLS, KEIGHLEY
 WEST YORKSHIRE, BD20 7DT
 GB

M5755

Bill To Phone: 44-153-563-4542
Bill To Fax: 44-153-563-5582
Resale Number:

Ship Via: SEE NOTES
FOB: SHIPPING POINT
Freight Terms: Collect
Terms: NET 45 DAYS

LINE	DESCRIPTION	U/M	ORDER QUANTITY	UNIT PRICE	DISC
PART ID	CUSTOMER PART ID	SHIP DATE	SHIPPED QUANTITY	EXTENSION	TAX
4	FREIGHT CHARGE	EA	0.0000	0.00	
		9/30/2022	0.0000	0.00	N

PLEASE USE CORRECT HTS CODE FOR PARTS ON ORDER!! IF YOU DON'T HAVE THEM GET FROM ROBERT.

PLEASE SEND ALL UPS NOTIFICATIONS TO cathy.green@viamed.co.uk. THANK YOU.

SHIPPING NOTES: SHIP UPS INT'L EXPED. COLLECT TO UPS ACCT. 9W9-638
 "Do not use any box larger than 20x20x15
 TEL: 440-153-563-4542

***** PLEASE SHIP NO LESS THAN 48 MAXO2 AE'S IF PARTIAL IS SHIPPED *****

WHEN SHIPPING (ME) PLEASE ADD EXTRA PACKING ALL AROUND PRODUCT

Certificate of Conformance

Maxtec hereby certifies that the manufactured by product(s) delivered herewith is/are in conformance with all terms, conditions and requirements of the purchase order and product model number(s) referenced above. Objective evidence of inspection, testing and certifications are on file at Maxtec and may be reviewed as requested.

Quality Inspection Approval Stamp and Signature:

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
6,825.00						6,825.00