

SOLD TO

BILL TO

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

VIAMED

15 STATION RD

CROSS HILLS, KEIGHLEY

WEST YORKSHIRE, BD20 7DT

M5755

M5755

Reference: 84846317020

Date

10/25/2022

Customer PO:

Sales Order ID:

Confirm To:

Attention:

Region:

Sales Rep: R

Type

SO Invoice

Currency Code:

Order Entry:

Page

VD

AW

1

44-153-563-4542 **Bill To Phone:**

Bill To Fax: 44-153-563-5582

Order Class:

INVOICE

Resale Number:

OEIT

Number

363618

317020

STEPHEN NIXON

PVM2695

SEE NOTES Ship Via: FOB: SHIPPING POINT

Collect Freight Terms:

NET 45 DAYS Terms:

1					
LINE	DESCRIPTION	U/M	ORDER QUANTITY	UNIT PRICE	DISC
PART ID	CUSTOMER PART ID	SHIP DATE	SHIPPED QUANTITY	EXTENSION	TAX
1	EYEMAX2, REGULAR 20 PACK	PK	500.0000	35.70	
R300P01	R300P01	10/24/2022	250.0000	8,925.00	N
	IDs: 0766-7				
2	FREIGHT CHARGE	EA	0.0000	0.00	
		10/25/2022	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 8,925.00 8.925.00