



INVOICE			
Date	Number	Type	Page
10/25/2022	363614	SO Invoice	1
Customer PO :		PVM2699	Currency Code:

SOLD TO

VIAMED M5755
15 STATION RD
CROSS HILLS, KEIGHLEY
WEST YORKSHIRE, BD20 7DT
GB

Sales Order ID: 317309
Confirm To: STEPHEN NIXON
Attention:
Reference: 84845317309 Sales Rep: VD
Region: OEIT Order Class: R Order Entry: AW

BILL TO

VIAMED M5755
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	EYEMAX2, REGULAR 20 PACK	PK	500.0000	35.70	
R300P01	R300P01	10/24/2022	500.0000	17,850.00	N
Lot IDs:					
049766-7					
2	FREIGHT CHARGE	EA	0.0000	0.00	
		10/25/2022	0.0000	0.00	N
3	INTERNATIONAL BANK FEE	EA	1.0000	25.00	
		10/25/2022	1.0000	25.00	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:



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INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
17,875.00						17,875.00