



INVOICE			
Date	Number	Type	Page
10/18/2022	363333	SO Invoice	1
Customer PO :		PVM2766	Currency Code:

# SOLD TO

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

Sales Order ID: 319233  
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	SENSOR, MAX-125M OXYGEN MEDICAL	EA	8.0000	69.95	
R140P07-001		10/18/2022	8.0000	559.60	N
<b>Serial Numbers:</b>					
HH73699008	HH73699007	HH73699006	HH73699005		
HH73699004	HH73699003	HH73699002	HH73699001		
<b>Lot IDs:</b>					
HH73699					
2	SENSOR,MAX-250 INTERNAL MED. WITH O-RING	EA	5.0000	47.25	
R125P01-007	R125P01-007	10/18/2022	5.0000	236.25	N
<b>Serial Numbers:</b>					
HJ49599001	HJ49599002	HJ49599003	HJ49599004		
HJ49599005					
<b>Lot IDs:</b>					
HJ49599					
3	FREIGHT CHARGE	EA	0.0000	0.00	
		10/18/2022	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



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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
795.85						795.85