



INVOICE			
Date	Number	Type	Page
1/9/2023	366716	SO Invoice	1
Customer PO :		PVM2827	Currency Code:

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

**Sales Order ID:** 320511  
**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	AUDIBLE ALARM ASSEMBLY 504566	EA	2.0000	50.00	
MISC MEDICAL		1/9/2023	2.0000	100.00	N
<b>Lot IDs:</b>					
101812					
2	ADAPTER, MUFFLED 2-in-1 (MOLDED)	EA	2.0000	26.08	
R219P50-100		1/9/2023	2.0000	52.16	N
<b>Lot IDs:</b>					
112747					

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
152.16						152.16