



CUSTOMER P.O. NO.	ATTENTION
PVM2991	
SOLD TO PHONE NO.	SOLD TO FAX NO.
44-153-563-4542	44-153-563-5582

SALES ORDER		S.O. NUMBER <b>323567</b>	ORDER DATE 2/16/2023	ORDER TYPE * Normal *
PAGE 1	CHG NO.	CHANGE DATE	CHANGE DESCRIPTION	CONFIRMED TO STEPHEN NIXON
CURRENCY		TERMS NET 45 DAYS		REFERENCE
SHIP VIA SEE NOTES		FOB SHIPPING POINT		FREIGHT TERMS Collect
RESALE NO.		TAX CODE: T = TAXABLE R = RESALE N = NONTAXABLE		

### SOLD TO

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

### SHIP TO

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

### BILL TO

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

LINE	PART ID	DESCRIPTION	DWG REV	ECN	REQUEST/ SCHEDULED SHIP DATE	ORDER QUANTITY BALANCE DUE	U/M	UNIT PRICE EXTENDED PRICE	PRICE CODE	TAX CODE DISC % VAT
1.00	SENSOR, MAX-550E MEDICAL MAXBLEND R140P02-001		F	BOM-D	2/16/2023 5/4/2023	2.0000	EA	99.991500 199.98	DLR	N
2.00	SENSOR, MAX-250 INTERNAL MED. WITH O-RING R125P01-007 R125P01-007		W	BOM-E	2/16/2023 5/4/2023	100.0000	EA	47.250000 4,725.00	SP	N
3.00	SENSOR, MAX-13CS CABLE-KOBICON R115P01-001		F		2/16/2023 5/4/2023	4.0000	EA	69.457500 277.83	DLR	N
4.00	SENSOR, MAX-250A E PHONE JACK W/ADAPT MED R125P04-001 R125P04-001		G	BOM-P	2/16/2023 5/4/2023	50.0000	EA	63.000000 3,150.00	SP	N

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



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SALES ORDER			S.O. NUMBER 323567	ORDER DATE 2/16/2023	ORDER TYPE * Normal *
PAGE 2	CHG NO.	CHANGE DATE	CHANGE DESCRIPTION		CONFIRMED TO STEPHEN NIXON
CURRENCY		TERMS NET 45 DAYS			REFERENCE
SHIP VIA SEE NOTES			FOB SHIPPING POINT		FREIGHT TERMS Collect
RESALE NO.				TAX CODE: T = TAXABLE R = RESALE N = NONTAXABLE	

#### SOLD TO

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

#### SHIP TO

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

#### BILL TO

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

LINE	PART ID	DESCRIPTION	DWG REV	ECN	REQUEST/ SCHEDULED SHIP DATE	ORDER QUANTITY BALANCE DUE	U/M	UNIT PRICE EXTENDED PRICE	PRICE CODE	TAX CODE DISC % VAT
		CUST PART ID								

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:

SUBTOTAL	DISC %	ORDER DISC AMOUNT	ORDER TAX AMOUNT	ORDER TAX AMOUNT 2	ORDER TAX AMOUNT 3	ORDER VAT AMOUNT	ORDER TOTAL
8,352.81							8,352.81
ORDER TAKER	SALESMAN	REGION	CLASS				
AW	VD	OEIT	R				