



| | |
|-------------------|-----------------|
| CUSTOMER P.O. NO. | ATTENTION |
| PVM3283 | |
| SOLD TO PHONE NO. | SOLD TO FAX NO. |
| 44-153-563-4542 | 44-153-563-5582 |

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

| | | | | |
|---------------------------|---------|---------------------------------------|--------------------|---------------|
| SALES ORDER | | S.O. NUMBER | ORDER DATE | ORDER TYPE |
| | | 329200 | 7/24/2023 | * Normal * |
| PAGE | CHG NO. | CHANGE DATE | CHANGE DESCRIPTION | CONFIRMED TO |
| 1 | | | | STEPHEN NIXON |
| CURRENCY | | TERMS | | REFERENCE |
| | | NET 45 DAYS | | |
| SHIP VIA | | FOB | | FREIGHT TERMS |
| UPS Express 1-3 BUS 10:30 | | SHIPPING POINT | | Collect |
| RESALE NO. | | TAX CODE: | | |
| | | T = TAXABLE R = RESALE N = NONTAXABLE | | |

| 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 | EYEMAX2, PREEMIE 20 PACK | | | | 10/16/2023 | 200.0000 | PK | 42.560000 | SP | N |
| | R300P02 | | X | | 10/16/2023 | | | 8,512.00 | | |
| | R300P02 | | | | | | | | | |
| 2.00 | EYEMAX2, REGULAR 20 PACK | | | | 10/16/2023 | 300.0000 | PK | 42.560000 | SP | N |
| | R300P01 | | X | | 10/16/2023 | | | 12,768.00 | | |
| | R300P01 | | | | | | | | | |

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 20X20X16 AND ONLY USE DOUBLE WALL BOX WHEN USING 20X20X16"

TEL: 440-153-563-4542

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.



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| SALES ORDER | | S.O. NUMBER | ORDER DATE | ORDER TYPE |
| | | 329200 | 7/24/2023 | * Normal * |
| PAGE | CHG NO. | CHANGE DATE | CHANGE DESCRIPTION | CONFIRMED TO |
| 2 | | | | STEPHEN NIXON |
| CURRENCY | | TERMS | | REFERENCE |
| | | NET 45 DAYS | | |
| SHIP VIA | | FOB | | FREIGHT TERMS |
| UPS Express 1-3 BUS 10:30 | | SHIPPING POINT | | Collect |
| RESALE NO. | | TAX CODE: | | |
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|------|---------|--------------|---------|-----|------------------------------------|-------------------------------|-----|------------------------------|---------------|------------------------|
| 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 | | | | | | | | |

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 |
| 21,280.00 | | | | | | | 21,280.00 |
| ORDER TAKER | SALESMAN | REGION | CLASS | | | | |
| AW | SP | OEIT | R | | | | |