



INVOICE			
Date	Number	Type	Page
7/21/2023	376150	SO Invoice	1
Customer PO :		PVM3176	Currency Code:

SOLD TO

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

M5755

Sales Order ID: 327271
Confirm To: STEPHEN NIXON
Attention:

Reference: 94017327271

Sales Rep: SP

Region: OEIT Order Class: R Order Entry: AW

BILL TO

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

M5755

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

Paying by Check? Maxtec recommends ACH.

Use our BOA Routing /Account: 071000039 / 8670519070

send remittance details to accountng@maxtec.com

LINE	DESCRIPTION	U/M	ORDER QUANTITY	UNIT PRICE	DISC
PART ID	CUSTOMER PART ID	SHIP DATE	SHIPPED QUANTITY	EXTENSION	TAX
1	EYEMAX2, PREEMIE 20 PACK	PK	300.0000	34.23	
R300P02		7/19/2023	300.0000	10,269.00	N
Lot IDs:					
051393-4					
2	INTERNATIONAL BANK FEE	EA	1.0000	25.00	
		7/21/2023	1.0000	25.00	N

PLEASE SEND ALL UPS NOTIFICATIONS TO cathy.green@viamed.co.uk. THANK YOU.

SHIPPING NOTES: SHIP UPS INT'L EXPD. 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.

Quality Inspection Approval Stamp and Signature:

Tracking Number:

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
10,294.00						10,294.00