



INVOICE			
Date	Number	Type	Page
7/19/2023	376066	SO Invoice	1
Customer PO :		PVM3188	Currency Code:

**SOLD TO**

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

Sales Order ID: 327270  
Confirm To: STEPHEN NIXON  
Attention:  
Reference: 94014327270 Sales Rep: SP  
Region: OEIT Order Class: R Order Entry: AW

**BILL TO**

VIAMED M5755  
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

Paying by Check? Maxtec recommends ACH.  
Use our BOA Routing /Account: 071000039 / 8670519070  
send remittance details to [accountng@maxtec.com](mailto:accountng@maxtec.com)

LINE	DESCRIPTION	U/M	ORDER QUANTITY	UNIT PRICE	DISC
PART ID	CUSTOMER PART ID	SHIP DATE	SHIPPED QUANTITY	EXTENSION	TAX
1	SENSOR OXYGEN, MAX-14 KORR CONNECTIONS	EA	20.0000	63.00	
R116P82-001	R116P82-001	7/19/2023	20.0000	1,260.00	N
<b>Serial Numbers:</b>					
JF10901153	JF10901152	JF10901151	JF10901150		
JF10901101	JF10901100	JF10901099	JF10901091		
JF10901090	JF10901089	JF10901088	JF10901149		
JF10901098	JF10901097	JF10901096	JF10901095		
JF10901094	JF10901093	JF10901092	JF10901108		
<b>Lot IDs:</b>					
JF10901					
2	INTERNATIONAL BANK FEE	EA	1.0000	25.00	
		7/19/2023	1.0000	25.00	N

PLEASE SEND ALL UPS NOTIFICATIONS TO [cathy.green@viamed.co.uk](mailto: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.

Quality Inspection Approval Stamp and Signature:

**Tracking Number:**

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INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
1,285.00						1,285.00