

	CUSTOMER P.O. NO.		ATTENTION
PVM3376			
	SOLD TO PHONE NO.		SOLD TO FAX NO.
44-153-563-4542		44-153-563-5582	

	SALES	ORDER	s.o. NUMBE 331248	ORDER DATE 9/22/2023	ORDER TYPE * Normal *		
PAGE	CHG NO.	CHANGE DATE		CHANGE DESCRIPTION	CONFIRMED TO		
1					STEVE NIXON		
	CURREN	CY		TERMS	REFERENCE		
			NET 45 DAYS				
		SHIP VI	A	FOB	FREIGHT TERMS		
3 Ex	press Sav	er 1-3 BUS END	SHIPPING	POINT	Collect		
		RESALE NO	-	TAX CODE:			
				T = TAXABLI	R = RESALE N = NONTAXABLE		

SOLD TO SHIP TO BILL TO

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

LINE	PART ID	SCRIPTION DWG REV IT PART ID	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-10 OXYGE R112P10	EN N	вом-к	9/26/2023 9/28/2023	1.0000	EA	62.520000 62.52	BSE	N
2.00	SENSOR,MAX-250,INTER R125P02-003 R125P02-003	RNAL(B) INDUSTRIAL AC	вом-н	9/26/2023 9/28/2023	100.0000	EA	48.670000 4,867.00	SP	N
3.00	SENSOR,MAX-250 INTER R125P01-007 R125P01-007	RNAL MED. WITH O-RING W	BOM-F	9/26/2023 9/28/2023	100.0000	EA	50.560000 5,056.00	SP	N

PLEASE ASK CUSTOMER SERVICE BEFORE SHIPPING ORDER, AS CUSTOMER WANTS TO GIVE THE GREEN LIGHT BEFORE SHIPPING.

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

SHIPPING NOTES: PLEASE SEE BELOW.

EYEMAX ORDERS - SHIP USING UPS EXPEDITED ON ACCT#: 9W9-638.



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			S.O. NUMB	ER	ORDER DATE	ORDER TYPE
SALES ORDER			331248		9/22/2023	* Normal *
PAGE CHG NO. CHANGE DATE			E	СН	IANGE DESCRIPTION	CONFIRMED TO
2						STEVE NIXON
	CURREN			TERMS	REFERENCE	
		NET 45 DAYS				
		SHIP V	IA		FOB	FREIGHT TERMS
3 Express Saver 1-3 BUS END			SHIPPIN	G F	POINT	Collect
		RESALE NO).			TAX CODE:
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SOLD TO SHIP TO BILL TO

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

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

ALL OTHER PRODUCTS UNLESS SPECIFIED - SHIP USING UPS EXPRESS SAVER ON 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:

SUBTOTAL DISC %		DISC %	ORDER DISC AMOUNT		ORDER TAX AMOUNT	ORDER TAX AMOUNT 2	ORDER TAX AMOUNT 3	ORDER VAT AMOUNT	ORDER TOTAL
9,	9,985.52								9,985.52
ORDER TAKER	SALESMAN	REGION	•	CLASS					
AW	SP		OEIT	R					