

	CUSTOMER P.O. NO.		ATTENTION
PVM3380			
	SOLD TO PHONE NO.		SOLD TO FAX NO.
44-153-563-4542		44-153-563-5582	

	SALES	ORDER	s.o. NUMBE 331418	ORDER DATE 9/28/2023	ORDER TYPE * Normal *			
PAGE	CHG NO.	CHANGE DATE		CHANGE DESCRIPTION	CONFIRMED TO			
1					STEVE NIXON			
	CURREN	CY		TERMS	REFERENCE			
			NET 45 DAYS					
		SHIP VIA		FOB	FREIGHT TERMS			
edE:	x Express	Saver 3 Day 4:3	SHIPPING	POINT	Collect			
		RESALE NO.		TAX CODE:				
				T = TAXABLE 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	DESCRIPTION PART ID CUST PART ID	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	ANALYZER, MAXO2+ AE MEDICAL R217P72 R217P72	R	BOM-W	10/2/2023 10/18/2023	5.0000	EA	292.110000 1,460.55	SP	N
2.00	TEE ADAPTER, BLUE RP16P02	н	BOM-A	10/2/2023 10/18/2023	3.0000	EA	7.960000 23.88	BSE	N
3.00	MUFFLER, VENTURI R211P38	A	BOM-A	10/2/2023 10/18/2023	5.0000	EA	20.050000 100.25	BSE	N
4.00	ASSEMBLY, 2 IN 1 ADAPTER 5/PACK R219P32-001	н	BOM-D	10/2/2023 10/18/2023	1.0000	EA	87.300000 87.30	BSE	N



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			S.O. NUMBE	R ORDER DATE		ORDER TYPE	
	SALES	ORDER	331418	9/28/2023	* Normal *		
PAGE	CHG NO.	CHANGE DATE		CHANGE DESCRIPTION		CONFIRMED TO	
2					STEVE NIXON	l	
	CURREN	CY		TERMS		REFERENCE	
			NET 45 DAYS				
		SHIP VI	4	FOB		FREIGHT TERMS	
edEx	x Express	Saver 3 Day 4:3	SHIPPING	IG POINT Collect			
		RESALE NO		TAX CODE:			
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VIAMED
15 STATION RD
CROSS HILLS, KEIGHLEY
WEST YORKSHIRE, BD20 7DT
GB

LINE	DESCRIF PART ID CUST PAI	DWG REV	ECN	REQUEST/ SCHEDULED SHIP DATE	ORDER QUANTITY BALANCE DUE	U/M	UNIT PRICE EXTENDED PRICE	PRICE CODE	TAX CODE DISC % VAT
5.00	ASSEMBLY,3-in1 ADAPTER 1/ R219P31	PACK (LOW FLOW)	BOM-E	10/2/2023 10/18/2023	2.0000	EA	20.050000 40.10	BSE	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.

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.



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		S.O. NUMBI	ER	ORDER DATE	ORDER T	YPE	
SALES ORDER			331418	331418 9/28/2023		* Normal *	
PAGE	CHG NO.	CHANGE DAT		CH	ANGE DESCRIPTION	CONFIRME	D TC
3						STEVE NIXON	
	CURRENCY				TERMS	REFEREI	NCE
			NET 45 DAYS				
		SHIP V	A		FOB	FREIGHT TER	RMS
edEx Express Saver 3 Day 4:3			SHIPPIN	G P	POINT	Collect	
		RESALE NO).			TAX CODE:	
					T = TAXABLE	R = RESALE N = NONTAXABLE	

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VIAMED
15 STATION RD
CROSS HILLS, KEIGHLEY
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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		EXTENSESTINGE		

Quality Inspection Approval Stamp and Signature:

SUBTOTAL		DISC %	ORDER DISC AMOUNT		ORDER DISC AMOUNT		ORDER DISC AMOUNT		ORDER TAX AMOUNT	ORDER TAX AMOUNT 2	ORDER TAX AMOUNT 3	ORDER VAT AMOUNT	ORDER TOTAL
1	,712.08								1,712.08				
ORDER TAKER	SALESMAN	REGION	•	CLASS			•						
AW	SP		OEIT	R									