



INVOICE			
Date	Number	Type	Page
10/18/2023	380456	SO Invoice	1
Customer PO :		PVM3351	Currency Code:

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

Sales Order ID: 330841
Confirm To: STEPHEN NIXON
Attention:

Reference: **Sales Rep:** SP

Region: OEIT **Order Class:** R **Order Entry:** RM

BILL TO
 VIAMED
 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: UPS Express Saver 1-3 BUS END OF
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	MAXBLEND2, 0-70 LPM, NIST, 50 PSI	EA	4.0000	1,574.87	
R229P02-004		10/18/2023	4.0000	6,299.48	N
Serial Numbers:					
JJ54633001	JJ54633002	JJ54633003	JJ54633004		
Lot IDs:					
JJ54633					
2	SENSOR, MAX-550E MEDICAL MAXBLEND	EA	2.0000	93.19	
R140P02-001		10/18/2023	2.0000	186.38	N
Serial Numbers:					
JK96899200	JK96899201				
Lot IDs:					
JK96899					
3	FREIGHT CHARGE	EA	0.0000	0.00	
		10/18/2023	0.0000	0.00	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



INVOICE			
Date	Number	Type	Page
10/18/2023	380456	SO Invoice	2
Customer PO :		PVM3351	Currency Code:

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

Sales Order ID: 330841
Confirm To: STEPHEN NIXON
Attention:
Reference: Sales Rep: SP
Region: OEIT Order Class: R Order Entry: RM

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: UPS Express Saver 1-3 BUS END OF
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

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:
1Z8412980441374787

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
6,485.86						6,485.86