



INVOICE			
Date	Number	Type	Page
10/24/2023	380687	SO Invoice	1
Customer PO :		PVM3335	Currency Code:

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

M5755

**Sales Order ID:** 330517  
**Confirm To:** STEPHEN NIXON  
**Attention:**

**Reference:** **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:** UPS Expedited 2-5 BUS DAYS

**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	EYEMAX2, PREEMIE 20 PACK	PK	500.0000	42.56	
R300P02	R300P02	10/23/2023	500.0000	21,280.00	N
<b>Lot IDs:</b>					
051393-7					
2	FREIGHT CHARGE	EA	0.0000	0.00	
		10/24/2023	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](mailto: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.

Quality Inspection Approval Stamp and Signature:

**Tracking Number:**  
 1Z8412986742315435



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LINE	DESCRIPTION	U/M	ORDER QUANTITY	UNIT PRICE	DISC
PART ID	CUSTOMER PART ID	SHIP DATE	SHIPPED QUANTITY	EXTENSION	TAX

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
21,280.00						21,280.00