



CUSTOMER P.O. NO.	ATTENTION
PVM3592	
SOLD TO PHONE NO.	SOLD TO FAX NO.
44-153-563-4542	44-153-563-5582

SALES ORDER		S.O. NUMBER	ORDER DATE	ORDER TYPE
		336159	2/8/2024	* Normal *
PAGE	CHG NO.	CHANGE DATE	CHANGE DESCRIPTION	CONFIRMED TO
1				STEVE NIXON
CURRENCY		TERMS		REFERENCE
		NET 45 DAYS		
SHIP VIA		FOB		FREIGHT TERMS
SEE NOTES		SHIPPING POINT		Collect
RESALE NO.		TAX CODE:		
		T = TAXABLE R = RESALE N = NONTAXABLE		

SOLD TO

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

SHIP TO

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

BILL TO

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

LINE	PART ID	DESCRIPTION	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	ADAPTER, MUFFLED 2-in-1 (METAL) R219P50		E	BOM-E	2/12/2024 3/7/2024	5.0000	EA	37.750000 188.75	BSE	N
2.00	SENSOR, MAX-250K VIASYS DC CONNET MED. R125P11-001 R125P11-001		D	BOM-M	2/12/2024 3/7/2024	10.0000	EA	73.030000 730.30	SP	N
3.00	SENSOR,MAX-250 INTERNAL MED. WITH O-RING R125P01-007 R125P01-007		W	BOM-G	2/12/2024 3/7/2024	50.0000	EA	45.000000 2,250.00	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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SALES ORDER		S.O. NUMBER	ORDER DATE	ORDER TYPE
		336159	2/8/2024	* Normal *
PAGE	CHG NO.	CHANGE DATE	CHANGE DESCRIPTION	CONFIRMED TO
2				STEVE NIXON
CURRENCY		TERMS		REFERENCE
		NET 45 DAYS		
SHIP VIA		FOB	FREIGHT TERMS	
SEE NOTES		SHIPPING POINT	Collect	
RESALE NO.			TAX CODE:	
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LINE	PART ID	DESCRIPTION	DWG REV	ECN	REQUEST/ SCHEDULED SHIP DATE	ORDER QUANTITY BALANCE DUE	U/M	UNIT PRICE EXTENDED PRICE	PRICE CODE	TAX CODE DISC % VAT
		CUST PART ID								

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 %	ORDER DISC AMOUNT	ORDER TAX AMOUNT	ORDER TAX AMOUNT 2	ORDER TAX AMOUNT 3	ORDER VAT AMOUNT	ORDER TOTAL
3,169.05							3,169.05
ORDER TAKER	SALESMAN	REGION	CLASS				
AW	SP	OEIT	R				