

ſ		CUSTOMER P.O. NO.		ATTENTION
	PVM3591			
ſ		SOLD TO PHONE NO.		SOLD TO FAX NO.
	44-153-563-4542		44-153-563-5582	

	SALES	ORDER	s.o. NUMBE 336158	ORDER DATE 2/8/2024	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	
	SEE	NOTES	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	MONITOR, MAXO2ME INTERNATIONAL			2/12/2024	10.0000	EA	460.640000	SP	N
	R230P01-001 R230P01-001	В	BOM-L	2/14/2024			4,606.40		

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.



ı		CUSTOMER P.O. NO.		ATTENTION
	PVM3591			
ı		SOLD TO PHONE NO.		SOLD TO FAX NO.
	44-153-563-4542		44-153-563-5582	

SALES ORDER			s.o. numbi 336158	=R	ORDER DATE	or * Normal *	RDER TYPE
PAGE CHG NO. CHANGE DATE			E	CHANGE DI	ESCRIPTION	CON	NFIRMED TO
2						STEVE NIXON	
	CURREN	CY			TERMS	R	EFERENCE
			NET 45 DAYS				
		SHIP V	'IA		FOB	FREIG	GHT TERMS
SEE NOTES			SHIPPIN	G POINT		Collect	
		RESALE NO	D.			TAX CODE:	
				Т:	= TAXABLE	R = RESALE N = NONTAXA	BLE

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		EXTENSESTINGE		

Quality Inspection Approval Stamp and Signature:

SUBTOTAL		DISC %	ORDER DISC AMOUNT	Г	ORDER TAX AMOUNT	ORDER TAX AMOUNT 2	ORDER TAX AMOUNT 3	ORDER VAT AMOUNT	ORDER TOTAL
4,606.40									4,606.40
ORDER TAKER	SALESMAN	REGION CLASS				'			
AW	SP		OEIT	R					