

SOLD TO

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

M5755

Sales Order ID: Confirm To:

Attention:

Region:

Date

2/27/2024

Customer PO:

Reference: Sales Rep: SP

INVOICE

Type

SO Invoice

R

Currency Code:

Order Entry:

Page

NT

1

Bill To Phone: 44-153-563-4542

Order Class:

Bill To Fax: 44-153-563-5582

Resale Number:

OEIT

Number

385917

332983

STEVE NIXON

PVM3458

Ship Via: UPS Express Saver 1-3 BUS END OF

FOB: SHIPPING POINT

Freight Terms: Collect

Terms: NET 45 DAYS

BILL TO

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

Paying by Check? Maxtec recommends ACH.

Use our BOA Routing /Account: 071000039 / 8670519070

send remittance details to accounting @maxtec.com

LINE PART ID	DESCRIPTION	CUSTOMER PART ID	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1 R116P82-		MAX-14 KORR CONNECTIONS R116P82-001	EA 2/27/2024	25.0000 25.0000	67.41 1,685.25	N
Seri	ial Numbers:					
JJ94901121		JJ94901122	JJ94901123	JJ94901146		
JJ9	4901144	JJ94901143	JJ94901142	JJ94901141		
JJ9	4901140	JJ94901139	JJ94901138	JJ94901137		
JJ9	4901136	JJ94901135	JJ94901134	JJ94901133		
JJ9	4901132	JJ94901131	JJ94901130	JJ94901129		
JJ9	4901128	JJ94901127	JJ94901126	JJ94901125		
JJ9	4901124					
Lot	IDs:					
JJ9	94901					
2 ADAPTER, MUFFLED 2-in-1 (METAL) R219P50		EA 2/27/2024	20.0000 20.0000	37.75 755.00	N	

Lot IDs:

118732

PLEASE ASK CUSTOMER SERVICE BEFORE SHIPPING ORDER, AS CUSTOMER WANTS TO GIVE THE GREEN LIGHT BEFORE SHIPPING.

*****ORDER MUST SHIP COMPLETE, DO NOT SHIP PARTIAL ORDER****

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.



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

"DO NOT USE ANY BOX LARGER THAN 20X20X16 AND ONLY USE DOUBLE WALL BOX WHEN USING 20X20X16"

TEL: 440-153-563-4542

VIAMED

15 STATION RD

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: