



INVOICE			
Date	Number	Type	Page
2/27/2024	385918	SO Invoice	1
Customer PO :		PVM3616	Currency Code:

SOLD TO

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

M5755

Sales Order ID: 336824
Confirm To: STEVE NIXON
Attention:

Reference: Sales Rep: SP

Region: OEIT Order Class: R Order Entry: NT

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
1	ANALYZER, ULTRAMAXO2 INTERNATIONAL	EA	10.0000	432.55	
R221P11-001	R221P11-001	2/27/2024	10.0000	4,325.50	N

Serial Numbers:

JM21011030	JM21011025	JM21011024	JM21011023
JM21011018	JM21011017	JM21011016	JM21011009
JM21011003	JM21011002		

Lot IDs:

119210

****MUST SHIP COMPLETE*****

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.

Quality Inspection Approval Stamp and Signature:

Tracking Number:

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INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
4,325.50						4,325.50