



INVOICE			
Date	Number	Type	Page
3/27/2024	387154	SO Invoice	1
Customer PO :		PVM3639	Currency Code:

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

Sales Order ID: 337176
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: SEE NOTES
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, HANDI+ INTERNATIONAL	EA	60.0000	146.06	
R218P12-001	R218P12-001	3/27/2024	60.0000	8,763.60	N
Serial Numbers:					
KB91399025	KB91399026	KB91399027	KB91399028		
KB91399029	KB91399030	KB91399024	KB91399023		
KB91399022	KB91399021	KB91399020	KB91399019		
KB91399018	KB91399017	KB91399016	KB91399015		
KB91399014	KB91399013	KB91399012	KB91399011		
KB91399010	KB91399009	KB91399008	KB91399007		
KB91399006	KB91399005	KB91399004	KB91399003		
KB91399002	KB91399001	KB91399031	KB91399032		
KB91399033	KB91399034	KB91399035	KB91399036		
KB91399037	KB91399061	KB91399062	KB91399063		
KB91399038	KB91399039	KB91399040	KB91399041		
KB91399042	KB91399043	KB91399044	KB91399045		
KB91399046	KB91399047	KB91399048	KB91399049		
KB91399050	KB91399057	KB91399058	KB91399059		
KB91399051	KB91399052	KB91399065	KB91399066		
Lot IDs:					
KB91399					
2	FREIGHT CHARGE	EA	0.0000	0.00	
		3/27/2024	0.0000	0.00	N

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



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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:

1Z8412980450767229

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
8,763.60						8,763.60