

SOLD TO

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

M5755

5 Sales Order ID: Confirm To:

Attention:

Region:

Date

4/5/2024

Customer PO:

Reference:

Sales Rep:

R

Type

SO Invoice

Currency Code:

Order Entry:

Page

SP

NT

1

44-153-563-4542 44-153-563-5582

INVOICE

Resale Number:

OEIT

Bill To Phone:

Bill To Fax:

Ship Via: FOB:

Number

387446

338342

STEVE NIXON

PVM3705

SEE NOTES
SHIPPING POINT

Order Class:

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	1 ANALYZER, ULTRAMAXO2 INTERNATIONAL		EA	30.0000	432.55	
R221P11	1-001	R221P11-001	4/5/2024	14.0000	6,055.70	N
Sei	rial Numbers:					
KA	A21211029	KA21211030	KA21211031	KA21211036		
KA	A21211037	KA21211038	KA21211041	KA21211042		
KA	A21211043	KA21211044	KA21211045	KA21211048		
KA	A21211049	KA21211050				
Lo	t IDs:					
119	9212					
2	2 ANALYZER, ULTRAMAXO2 INTERNATIONAL		EA	30.0000	432.55	
R221P11	1-001	R221P11-001	4/5/2024	16.0000	6,920.80	N
Sei	rial Numbers:					
KA	A21311001	KA21311002	KA21311024	KA21311023		
KA	A21311022	KA21311021	KA21311020	KA21311017		
KA	A21311016	KA21311014	KA21311013	KA21311010		
KA	A21311009	KA21311008	KA21311006	KA21311003		
Lo	t IDs:					
119	9213					
3	FREIGHT CHARGE		EA	0.0000	0.00	
			4/5/2024	0.0000	0.00	N

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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CROSS HILLS, KEIGHLEY

WEST YORKSHIRE, BD20 7DT

VIAMED

15 STATION RD

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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

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:

1Z8412986749908505

INVOICE SUBTOTAL DISC % DISC AMT TAX AMT VAT AMT FREIGHT AMT

12,976.50

INVOICE TOTAL

12,976.50