



INVOICE			
Date	Number	Type	Page
4/12/2024	387731	SO Invoice	1
Customer PO :		PVM3649	Currency Code:

SOLD TO

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

M5755

Sales Order ID: 337399
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	ASSEMBLY, MAXO2+ COILED CABLE	EA	5.0000	59.70	
R217P19		4/12/2024	5.0000	298.50	N
Lot IDs:					
051921					
2	SENSOR, MAX-7 OXYGEN	EA	4.0000	74.32	
R109P09		4/12/2024	4.0000	297.28	N
Serial Numbers:					
KB75901037	KB75901036	KB75901035	KB75901034		
Lot IDs:					
KB75901					
3	SENSOR, MAX-23 OXYGEN	EA	4.0000	87.30	
R116P06		4/12/2024	4.0000	349.20	N
Serial Numbers:					
KB56901002	KB56901007	KB56901008	KB56901010		
Lot IDs:					
KB56901					
4	SENSOR, OXYGEN MAX-13-250 MEDICAL	EA	7.0000	80.79	
R125P07	R125P07	4/12/2024	3.0000	242.37	N
Serial Numbers:					
KB22199016	KB22199015	KB22199009			
Lot IDs:					
KB22199					
5	SENSOR, OXYGEN MAX-13-250 MEDICAL	EA	7.0000	80.79	
R125P07	R125P07	4/12/2024	4.0000	323.16	N
Serial Numbers:					
KC76499020	KC76499015	KC76499008	KC76499007		



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Lot IDs:

KC76499

6	FREIGHT CHARGE	EA	0.0000	0.00	
		4/12/2024	0.0000	0.00	N

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.

Quality Inspection Approval Stamp and Signature:

Tracking Number:

1Z8412986750222672

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
1,510.51						1,510.51