



INVOICE			
Date	Number	Type	Page
4/17/2024	387975	SO Invoice	1
Customer PO :		PVM3601	Currency Code:

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

**Sales Order ID:** 336527  
**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](mailto:accountng@maxtec.com)

LINE	DESCRIPTION	U/M	ORDER QUANTITY	UNIT PRICE	DISC
PART ID	CUSTOMER PART ID	SHIP DATE	SHIPPED QUANTITY	EXTENSION	TAX
1	SENSOR, MAX-250+ INTERNAL MEDICAL	EA	10.0000	75.97	
R125P02-011	R125P02-011	4/17/2024	10.0000	759.70	N
<b>Serial Numbers:</b>					
KB77399191	KB77399192	KB77399193	KB77399194		
KB77399195	KB77399196	KB77399197	KB77399198		
KB77399199	KB77399200				
<b>Lot IDs:</b>					
KB77399					
2	SENSOR,MAX-250E,EXTERNAL MEDICAL	EA	50.0000	46.50	
R125P03-002	R125P03-002	4/17/2024	50.0000	2,325.00	N
<b>Serial Numbers:</b>					
KB93899001	KB93899002	KB93899003	KB93899004		
KB93899005	KB93899006	KB93899007	KB93899008		
KB93899009	KB93899010	KB93899011	KB93899012		
KB93899013	KB93899014	KB93899015	KB93899016		
KB93899017	KB93899018	KB93899019	KB93899020		
KB93899021	KB93899022	KB93899023	KB93899024		
KB93899025	KB93899026	KB93899027	KB93899028		
KB93899029	KB93899030	KB93899031	KB93899032		
KB93899033	KB93899034	KB93899035	KB93899036		
KB93899037	KB93899038	KB93899039	KB93899040		
KB93899041	KB93899042	KB93899043	KB93899044		
KB93899045	KB93899046	KB93899047	KB93899048		
KB93899049	KB93899050				



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

#### Lot IDs:

KB93899

3	KIT, MAXVENTURI LEAK TEST	EA	1.0000	14.16	
R211P32		4/17/2024	1.0000	14.16	N

#### Lot IDs:

119089

4	BEZEL, MAXBLEND FRONT COVER	EA	3.0000	62.11	
R203P01		4/17/2024	3.0000	186.33	N

#### Lot IDs:

010424

5	FREIGHT CHARGE	EA	1.0000	0.00	
		4/17/2024	1.0000	0.00	N

ORDER MUST SHIP COMPLETE

PLEASE SEND ALL UPS NOTIFICATIONS TO [cathy.green@viamed.co.uk](mailto: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.



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LINE	DESCRIPTION	U/M	ORDER QUANTITY	UNIT PRICE	DISC
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Quality Inspection Approval Stamp and Signature:

**Tracking Number:**

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
3,285.19						3,285.19