



INVOICE			
Date	Number	Type	Page
6/7/2024	390222	SO Invoice	1
Customer PO :		PVM3824	Currency Code:

SOLD TO

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

M5755

Sales Order ID: 340471
Confirm To: STEVE NIXON
Attention:

Reference: Sales Rep: SP

Region: OEIT Order Class: R Order Entry: SH

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	SENSOR, MAX-550E EXTERNAL MEDICAL	EA	40.0000	84.53	
R140P02	R140P02-2024	6/7/2024	17.0000	1,437.01	N
Serial Numbers:					
KE17999017	KE17999016	KE17999015	KE17999014		
KE17999007	KE17999006	KE17999005	KE17999004		
KE17999003	KE17999002	KE17999001	KE17999013		
KE17999012	KE17999011	KE17999010	KE17999009		
KE17999008					
Lot IDs:					
KE17999					
2	SENSOR, MAX-550E EXTERNAL MEDICAL	EA	40.0000	84.53	
R140P02	R140P02-2024	6/7/2024	23.0000	1,944.19	N
Serial Numbers:					
KE37899200	KE37899199	KE37899198	KE37899197		
KE37899196	KE37899195	KE37899194	KE37899193		
KE37899192	KE37899191	KE37899190	KE37899189		
KE37899188	KE37899187	KE37899186	KE37899185		
KE37899184	KE37899183	KE37899182	KE37899181		
KE37899180	KE37899179	KE37899178			
Lot IDs:					
KE37899					
3	FREIGHT CHARGE	EA	0.0000	0.00	
		6/7/2024	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:

1Z8412980449689316

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
3,381.20						3,381.20