



CUSTOMER P.O. NO.	ATTENTION
PVM3851	
SOLD TO PHONE NO.	SOLD TO FAX NO.
44-153-563-4542	44-153-563-5582

**SOLD TO**

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

**SHIP TO**

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

**BILL TO**

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

SALES ORDER		S.O. NUMBER	ORDER DATE	ORDER TYPE
		340940	6/14/2024	* Normal *
PAGE	CHG NO.	CHANGE DATE	CHANGE DESCRIPTION	CONFIRMED TO
1				STEVE NIXON
CURRENCY		TERMS		REFERENCE
		NET 45 DAYS		
SHIP VIA		FOB		FREIGHT TERMS
UPS Expedited 2-5 BUS DAYS		SHIPPING POINT		Collect
RESALE NO.		TAX CODE:		
		T = TAXABLE R = RESALE N = NONTAXABLE		

LINE	PART ID	DESCRIPTION	DWG REV	ECN	REQUEST/ SCHEDULED SHIP DATE	ORDER QUANTITY BALANCE DUE	U/M	UNIT PRICE EXTENDED PRICE	PRICE CODE	TAX CODE DISC % VAT
1.00	EYEMAX2, REGULAR 20 PACK				6/19/2024	200.0000	PK	42.560000	SP	N
	R300P01		X		9/5/2024			8,512.00		
	R300P01-2024									
2.00	EYEMAX2, PREEMIE 20 PACK				6/19/2024	300.0000	PK	42.560000	SP	N
	R300P02		X		9/5/2024			12,768.00		
	R300P02-2024									

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



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SALES ORDER		S.O. NUMBER	ORDER DATE	ORDER TYPE
		340940	6/14/2024	* Normal *
PAGE	CHG NO.	CHANGE DATE	CHANGE DESCRIPTION	CONFIRMED TO
2				STEVE NIXON
CURRENCY		TERMS		REFERENCE
		NET 45 DAYS		
SHIP VIA		FOB		FREIGHT TERMS
UPS Expedited 2-5 BUS DAYS		SHIPPING POINT		Collect
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LINE	PART ID	DESCRIPTION	DWG REV	ECN	REQUEST/ SCHEDULED SHIP DATE	ORDER QUANTITY BALANCE DUE	U/M	UNIT PRICE EXTENDED PRICE	PRICE CODE	TAX CODE DISC % VAT
		CUST PART ID								

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:

SUBTOTAL	DISC %	ORDER DISC AMOUNT	ORDER TAX AMOUNT	ORDER TAX AMOUNT 2	ORDER TAX AMOUNT 3	ORDER VAT AMOUNT	ORDER TOTAL
21,280.00							21,280.00
ORDER TAKER	SALESMAN	REGION	CLASS				
NT	SP	OEIT	R				