

ſ		CUSTOMER P.O. NO.		ATTENTION
	PVM3860			
		SOLD TO PHONE NO.		SOLD TO FAX NO.
	44-153-563-4542		44-153-563-5582	

SALES ORDER			s.o. NUMBE <b>341243</b>	ORDER DATE 6/24/2024	order type  * Normal *
PAGE	CHG NO.	CHANGE DATE		CHANGE DESCRIPTION	CONFIRMED TO
1					STEVE NIXON
	CURREN	CY		TERMS	REFERENCE
			NET 45 DAYS		
		SHIP VIA		FOB	FREIGHT TERMS
3 Ex	press Sav	er 1-3 BUS END	SHIPPING	G POINT	Collect
		RESALE NO.			TAX CODE:
				T = TAXABLE	R = RESALE N = NONTAXABLE

SOLD TO SHIP TO BILL TO

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

LINE	DESCRIPTION PART ID CUST PART ID	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	ADAPTER, MUFFLED 2-in-1 (METAL) R219P50	E	BOM-E	6/26/2024 9/2/2024	30.0000	EA	41.530000 1,245.90	BSE	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.



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2					STEVE NIXON
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			NET 45 DAYS		
		SHIP V	IA	FOB	FREIGHT TERMS
3 Ex	press Sav	er 1-3 BUS END	SHIPPIN	G POINT	Collect
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M5755 VIAMED 15 STATION RD CROSS HILLS, KEIGHLEY WEST YORKSHIRE, BD20 7DT GB

KM

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

	LINE	DESCRIPTION			REQUEST/	ORDER QUANTITY	U/M	UNIT PRICE	PRICE	TAX CODE
		PART ID	DWG REV	ECN	SCHEDULED	BALANCE DUE		EXTENDED PRICE	CODE	DISC % VAT
L		CUST PART ID			SHIP DATE	BALAITOL BOL		EXTENSESTRICE		

These commodities, technology or software were exported from the United States in accordance with the export administration regulations. Diversion contrary to U.S. law is prohibited.

COMMERCIAL INVOICE MUST ACCOMPANY SHIPMENT.

OEIT

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All invoices marked in USD

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SUBTOTAL		DISC %	ORDER DISC AMOUNT		ORDER TAX AMOUNT	ORDER TAX AMOUNT 2	ORDER TAX AMOUNT 3	ORDER VAT AMOUNT	ORDER TOTAL
1,245.90									1,245.90
j	ORDER TAKER SALESMAN REGION CLASS								