



INVOICE			
Date	Number	Type	Page
8/8/2024	392860	SO Invoice	1
Customer PO :		PVM3871	Currency Code:

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

**Sales Order ID:** 341624  
**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

**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](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-250MS MEDICAL OXYGEN	EA	9.0000	75.97	
R125P97	R125P97-2024	8/8/2024	9.0000	683.73	N
<b>Serial Numbers:</b>					
KC60299059	KC60299030	KC60299029	KC60299028		
KC60299027	KC60299025	KC60299024	KC60299023		
KC60299022					
<b>Lot IDs:</b>					
KC60299					
2	MONITOR, MAXO2ME INTERNATIONAL	EA	20.0000	460.64	
R230P01-001	R230P01-001-2024	8/8/2024	4.0000	1,842.56	N
<b>Serial Numbers:</b>					
KE40999001	KE40999002	KE40999004	KE40999007		
<b>Lot IDs:</b>					
KE40999					
3	MONITOR, MAXO2ME INTERNATIONAL	EA	20.0000	460.64	
R230P01-001	R230P01-001-2024	8/8/2024	16.0000	7,370.24	N
<b>Serial Numbers:</b>					
KH63699003	KH63699004	KH63699005	KH63699006		
KH63699007	KH63699010	KH63699011	KH63699012		
KH63699013	KH63699014	KH63699017	KH63699018		
KH63699019	KH63699020	KH63699021	KH63699024		
<b>Lot IDs:</b>					
KH63699					
4	FREIGHT CHARGE	EA	0.0000	0.00	
		8/8/2024	0.0000	0.00	N



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

Sales Order ID: 341624  
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

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

SHIPPING NOTES: PLEASE SEE BELOW.

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:**  
1Z8412980451052383

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
9,896.53						9,896.53