INVOICE

Date	Number	Type	Page
8/19/2024	393426	SO Invoice	1

Customer PO : PVM3841 **Currency Code:**

SOLD TO

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

Sales Order ID: 340852
Confirm To: STEVE NIXON
Attention:

Reference: **Sales Rep:** SP

Region: OEIT **Order Class:** R **Order Entry:** NT

BILL TO

VIAMED M5755
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

LINE / PART ID	DESCRIPTION / CUSTOMER PART ID	U/M / SHIP DATE	ORDER QUANTITY / SHIPPED QUANTITY	UNIT PRICE / EXTENSION	DISC / TAX
1	SENSOR OXYGEN, MAX-14 KORR CONNECTIONS	EA	10.0000	67.41	
R116P82-001	R116P82-001-2024	8/19/2024	6.0000	404.46	N

Serial Numbers:

KF37301055 KF37301054 KF37301053 KF37301052
KF37301051 KF37301050

Lot IDs:

KF37301

2	SENSOR OXYGEN, MAX-14 KORR CONNECTIONS	EA	10.0000	67.41	
R116P82-001	R116P82-001-2024	8/19/2024	4.0000	269.64	N

Serial Numbers:

KH57901100 KH57901099 KH57901098 KH57901097

Lot IDs:

KH57901

3	SENSOR,MAX-250 INTERNAL MED. WITH O-RING	EA	50.0000	45.00	
R125P01-007	R125P01-007-2024	8/19/2024	50.0000	2,250.00	N

Serial Numbers:

KF85199115 KF85199114 KF85199113 KF85199112
KF85199111 KF85199110 KF85199109 KF85199108
KF85199107 KF85199106 KF85199105 KF85199104
KF85199103 KF85199102 KF85199101 KF85199100
KF85199099 KF85199098 KF85199097 KF85199096
KF85199095 KF85199094 KF85199093 KF85199092
KF85199091 KF85199116 KF85199117 KF85199118
KF85199119 KF85199120 KF85199121 KF85199122
KF85199123 KF85199124 KF85199125 KF85199126

maxtec
2305 S. 1070 W.
Salt Lake City, UT 84119
800.748.5355

INVOICE

Date	Number	Type	Page
8/19/2024	393426	SO Invoice	2

Customer PO : PVM3841 **Currency Code:**

SOLD TO

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

Sales Order ID: 340852
Confirm To: STEVE NIXON
Attention:
Reference:
Sales Rep: SP
Region: OEIT **Order Class:** R **Order Entry:** NT

BILL TO

VIAMED M5755
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

LINE / PART ID	DESCRIPTION / CUSTOMER PART ID	U/M / SHIP DATE	ORDER QUANTITY / SHIPPED QUANTITY	UNIT PRICE / EXTENSION	DISC / TAX
	KF85199127	KF85199128	KF85199129	KF85199130	
	KF85199131	KF85199132	KF85199133	KF85199134	
	KF85199135	KF85199136	KF85199137	KF85199138	
	KF85199139	KF85199140			
	Lot IDs:				
	KF85199				
4	SENSOR,MAX-250E,EXTERNAL MEDICAL	EA	50.0000	46.50	
R125P03-002	R125P03-002-2024	8/19/2024	50.0000	2,325.00	N
	Serial Numbers:				
	KG85699061	KG85699062	KG85699063	KG85699064	
	KG85699065	KG85699066	KG85699067	KG85699068	
	KG85699069	KG85699070	KG85699071	KG85699072	
	KG85699073	KG85699074	KG85699075	KG85699076	
	KG85699077	KG85699078	KG85699079	KG85699080	
	KG85699081	KG85699082	KG85699083	KG85699084	
	KG85699085	KG85699086	KG85699087	KG85699088	
	KG85699089	KG85699090	KG85699091	KG85699092	
	KG85699093	KG85699094	KG85699095	KG85699096	
	KG85699097	KG85699098	KG85699099	KG85699100	
	KG85699101	KG85699102	KG85699103	KG85699104	
	KG85699105	KG85699106	KG85699107	KG85699108	
	KG85699109	KG85699110			
	Lot IDs:				
	KG85699				

INVOICE

Date	Number	Type	Page
8/19/2024	393426	SO Invoice	3

Customer PO : PVM3841 **Currency Code:**

SOLD TO

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

Sales Order ID: 340852
Confirm To: STEVE NIXON
Attention:
Reference:
Sales Rep: SP
Region: OEIT **Order Class:** R **Order Entry:** NT

BILL TO

VIAMED M5755
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

LINE / PART ID	DESCRIPTION / CUSTOMER PART ID	U/M / SHIP DATE	ORDER QUANTITY / SHIPPED QUANTITY	UNIT PRICE / EXTENSION	DISC / TAX
5	SUB-ASSEMBLY, MAX-VENTURI PCB BOARD	EA	2.0000	184.19	
R211P13		8/19/2024	2.0000	368.38	N
	Lot IDs: 121640				
6	O-RING, EPDM .208 ID X .348 OD A70 DURO.	EA	10.0000	1.30	
RP56P02-009		8/19/2024	10.0000	13.00	N
	Lot IDs: 101320				
7	O-RING, .301 ID X 3/16 OD EPDM A70 DURO	EA	20.0000	2.15	
RP56P02-903		8/19/2024	20.0000	43.00	N
	Lot IDs: 120723				
8	SENSOR MAX-125WF MEDICAL OXYGEN SENSOR	EA	2.0000	70.22	
R140P07-002		8/19/2024	2.0000	140.44	N
	Serial Numbers: KH54599076 KH54599077				
	Lot IDs: KH54599				
9	FREIGHT CHARGE	EA	0.0000	0.00	
		8/19/2024	0.0000	0.00	N

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.

INVOICE

Date	Number	Type	Page
8/19/2024	393426	SO Invoice	4

Customer PO : PVM3841 **Currency Code:**

SOLD TO

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

Sales Order ID: 340852
Confirm To: STEVE NIXON
Attention:

Reference: **Sales Rep:** SP

Region: OEIT **Order Class:** R **Order Entry:** NT

BILL TO

VIAMED M5755
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

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

"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:
1Z8412980449527660

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
5,813.92						**5,813.92**