

SOLD TO

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

M5755

M5755

Sales Order ID: Confirm To:

Attention:

Region:

Date

10/3/2024

Customer PO:

Reference:

Sales Rep: R

Type

SO Invoice

Currency Code:

Order Entry:

Page

SP

ΚM

1

44-153-563-4542

44-153-563-5582

INVOICE

Resale Number:

Bill To Phone:

Bill To Fax:

Ship Via: FOB:

Terms:

OEIT

Number

395503

341774

STEVE NIXON

PVM3884

SEE NOTES SHIPPING POINT

Order Class:

Collect Freight Terms:

NET 45 DAYS

BILL TO

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

Paying by Check? Maxtec recommends ACH.

Use our BOA Routing /Account: 071000039 / 8670519070

send remittance details to accounting @maxtec.com

LINE PART ID	DESCRIPTION	CUSTOMER PART ID	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1	EYEMAX2, REGULAR 20 PACK		PK	300.0000	42.56	
R300P0	1	R300P01-2024	10/3/2024	300.0000	12,768.00	N
	ot IDs: 53256-10					
2	EYEMAX2, PREEMIE 20 PACK		PK	200.0000	42.56	
R300P0	2	R300P02-2024	10/3/2024	200.0000	8,512.00	N
05	ot IDs: 51393-11 53257-4					
3	FREIGHT CHARGE		EA	0.0000	0.00	
			10/3/2024	0.0000	0.00	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.

Quality Inspection Approval Stamp and Signature:



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Bill To Phone: 44-153-563-4542 Bill To Fax: 44-153-563-5582

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

Tracking Number:

1Z8412986750732639

INVOICE SUBTOTAL DISC % DISC AMT TAX AMT VAT AMT FREIGHT AMT 21,280.00 INVOICE TOTAL 21,280.00