



CUSTOMER P.O. NO.	ATTENTION
PVM4040	
SOLD TO PHONE NO.	SOLD TO FAX NO.
44-153-563-4542	44-153-563-5582

SALES ORDER		S.O. NUMBER	ORDER DATE	ORDER TYPE
		345049	10/9/2024	* Normal *
PAGE	CHG NO.	CHANGE DATE	CHANGE DESCRIPTION	CONFIRMED TO
1				STEVE NIXON
CURRENCY		TERMS		REFERENCE
		NET 45 DAYS		
SHIP VIA		FOB		FREIGHT TERMS
3 Express Saver 1-3 BUS END		SHIPPING POINT		Collect
RESALE NO.		TAX CODE:		
		T = TAXABLE R = RESALE N = NONTAXABLE		

**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

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	SENSOR,MAX-250,INTERNAL(B) INDUSTRIAL				10/11/2024	100.0000	EA	45.000000	SP	N
	R125P02-003		AC	BOM-J	11/7/2024			4,500.00		
	R125P02-003-2024									
2.00	SENSOR,MAX-250,INTERNAL(B) INDUSTRIAL				10/11/2024	100.0000	EA	45.000000	SP	N
	R125P02-003		AC	BOM-J	12/3/2024			4,500.00		
	R125P02-003-2024									
3.00	SENSOR,MAX-250,INTERNAL(B) INDUSTRIAL				10/11/2024	100.0000	EA	45.000000	SP	N
	R125P02-003		AC	BOM-J	1/3/2025			4,500.00		
	R125P02-003-2024									

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

SHIPPING NOTES: PLEASE SEE BELOW.

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"



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		CUST PART ID								

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:

SUBTOTAL	DISC %	ORDER DISC AMOUNT	ORDER TAX AMOUNT	ORDER TAX AMOUNT 2	ORDER TAX AMOUNT 3	ORDER VAT AMOUNT	ORDER TOTAL
13,500.00							13,500.00
ORDER TAKER	SALESMAN	REGION	CLASS				
NT	SP	OEIT	BL				