

Γ		CUSTOMER P.O. NO.		ATTENTION
	PVM4208			
Ī		SOLD TO PHONE NO.		SOLD TO FAX NO.
	44-153-563-4542		44-153-563-5582	

	SALES	ORDER	s.o. NUMBE 347958	ORDER DATE 1/10/2025	ORDER TYPE * Normal *
PAGE	CHG NO.	CHANGE DATE		CHANGE DESCRIPTION	CONFIRMED TO
1					STEVE NIXON
	CURREN	CY		TERMS	REFERENCE
			NET 45 DAYS		
		SHIP VI	A	FOB	FREIGHT TERMS
UPS	S Expedite	d 2-5 BUS DAYS	SHIPPING 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	EYEMAX2, REGULAR 20 PACK R300P01 R300P01-2024	х		1/14/2025 4/1/2025	300.0000	PK	42.560000 12,768.00	SP	N
2.00	EYEMAX2, PREEMIE 20 PACK R300P02 R300P02-2024	Х		1/14/2025 4/1/2025	200.0000	PK	42.560000 8,512.00	SP	N

PLEASE SEND ALL UPS NOTIFICATIONS TO cathy.green@viamed.co.uk. THANK YOU.

EYEMAX ORDERS - SHIP USING UPS EXPEDITED 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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			NET 45 DAYS			
		SHIP VIA		FOB	FREIGHT TERMS	
UPS	Expedite	d 2-5 BUS DAYS	SHIPPING POINT		Collect	
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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
	CUST PART ID			SHIP DATE	BALAITOL BOL		EXTENSESTINGE		

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	
21,280.00									21,280.00	
ORD	ORDER TAKER SALESMAN REGION		•	CLASS			•		!	
	NT	SP		OEIT	R					