



INVOICE			
Date	Number	Type	Page
1/17/2025	399353	SO Invoice	1
Customer PO :		PVM4184	Currency Code:

**SOLD TO**

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

Sales Order ID: 347957  
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](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	SERVICE KIT, MICROMAX LOW FLOW	EA	10.0000	327.01	
R203P15		1/17/2025	10.0000	3,270.10	N
Lot IDs:					
010225					
2	FREIGHT CHARGE	EA	0.0000	0.00	
		1/17/2025	0.0000	0.00	N

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

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:**

1Z8412980449475494

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
3,270.10						3,270.10