

## **SOLD TO**

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

M5755

Confirm To: Attention:

Attention: Reference:

Region:

Sales Order ID:

Date

1/22/2025

Customer PO:

ntion:

Number

399544

347480

STEVE NIXON

PVM4170

OEIT

Order Class:

**INVOICE** 

Sales Rep:

**Currency Code:** 

Order Entry:

KM

SP

Page

1

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

Resale Number:

Ship Via:

Terms:

UPS Express Saver 1-3 BUS END OF

R

Type

SO Invoice

FOB: SHIPPING POINT

Freight Terms: Collect

NET 45 DAYS

**BILL TO** 

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

Paying by Check? Maxtec recommends ACH.

Use our BOA Routing /Account: 071000039 / 8670519070

send remittance details to accounting @maxtec.com

LINE PART	DESCRIPTION ID	CUSTOMER PART ID	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1 SENSOR, MAX-250TM OXYGEN MOLEX MEDICAL R125P18-012		EA 1/22/2025	60.0000 60.0000	84.45 5,067.00	N	
	Serial Numbers:					
	KM87899121	KM87899122	KM87899147	KM87899148		
	KM87899146	KM87899145	KM87899144	KM87899143		
	KM87899142	KM87899141	KM87899140	KM87899139		
	KM87899138	KM87899137	KM87899136	KM87899135		
	KM87899134	KM87899133	KM87899132	KM87899131		
	KM87899130	KM87899129	KM87899128	KM87899127		
	KM87899126	KM87899125	KM87899124	KM87899123		
	KM87899149	KM87899150	KM87899151	KM87899152		
	KM87899153	KM87899154	KM87899155	KM87899156		
	KM87899157	KM87899158	KM87899159	KM87899160		
	KM87899161	KM87899162	KM87899163	KM87899164		
	KM87899165	KM87899166	KM87899167	KM87899174		
	KM87899168	KM87899169	KM87899170	KM87899171		
	KM87899172	KM87899173	KM87899175	KM87899176		
	KM87899177	KM87899178	KM87899179	KM87899180		
	Lot IDs:					
	KM87899					
2	FREIGHT CHARGE		EA 1/22/2025	0.0000 0.0000	0.00 0.00	N

PLEASE ASK CUSTOMER SERVICE BEFORE SHIPPING ORDER, AS CUSTOMER WANTS TO GIVE THE GREEN LIGHT BEFORE SHIPPING.



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

Order Class:

Resale Number:

**OEIT** 

UPS Express Saver 1-3 BUS END OF Ship Via:

INVOICE

FOB: SHIPPING POINT

Collect Freight Terms:

NET 45 DAYS Terms:

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CROSS HILLS, KEIGHLEY

WEST YORKSHIRE, BD20 7DT

VIAMED

15 STATION RD

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

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:

## Tracking Number:

1Z8412980450227357

INVOICE SUBTOTAL DISC AMT TAX AMT VAT AMT FREIGHT AMT INVOICE TOTAL 5,067.00 5,067.00