

ſ		CUSTOMER P.O. NO.		ATTENTION
	PVM4246			
ſ		SOLD TO PHONE NO.		SOLD TO FAX NO.
	44-153-563-4542		44-153-563-5582	

	SALES	ORDER	s.o. NUMBE 348493	ORDER DATE 1/27/2025	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		
3 Ex	press Sav	er 1-3 BUS END	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	
1.00	SENSOR, MAX-48 OXYGEN R112P18	С		1/29/2025 2/25/2025	2.0000	EA	64.400000 128.80	BSE	N
2.00	SENSOR,MAX-250 INTERNAL MED. WI R125P01-007 R125P01-007-2024	TH O-RING W	BOM-G	1/29/2025 2/25/2025	50.0000	EA	45.000000 2,250.00	SP	N
3.00	SENSOR,MAX-250E,EXTERNAL MEDIC R125P03-002 R125P03-002-2024	AC	BOM-N	1/29/2025 2/25/2025	50.0000	EA	46.500000 2,325.00	SP	N
4.00	SENSOR, MAX-125M OXYGEN MEDICA R140P07-001	AL B	BOM-F	1/29/2025 2/25/2025	25.0000	EA	66.070000 1,651.75	BSE	N

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



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2					STEVE NIXON	
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		SHIP VI	4	FOB	FREIGHT TERMS	
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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			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	B) 12/11/02 B02		2,112,1323111102		

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:

SUBTOTAL		DISC %	ORDER DISC AMOUNT		ORDER TAX AMOUNT	ORDER TAX AMOUNT 2	ORDER TAX AMOUNT 3	ORDER VAT AMOUNT	ORDER TOTAL
6,355.55									6,355.55
ORDER TAKER SALESMAN		REGION		CLASS					
NT	SP		OEIT	R					