

SOLD TO

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

M5755

Sales Order ID: Confirm To:

348747 STEVE NIXON

400174

PVM4269

Number

Attention: Reference:

Region:

Date

2/10/2025

Customer PO:

**OEIT** 

Bill To Phone:

Freight Terms:

Bill To Fax:

Ship Via: FOB:

Terms:

Order Class:

INVOICE

Type

SO Invoice

R

Sales Rep:

**Currency Code:** 

Order Entry:

Page

SP

NT

1

44-153-563-4542 44-153-563-5582

Resale Number:

UPS Express Saver 1-3 BUS END OF SHIPPING POINT

Collect

**NET 45 DAYS** 

**BILL TO** 

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

Paying by Check? Maxtec recommends ACH.

Use our BOA Routing /Account: 071000039 / 8670519070

send remittance details to accounting @maxtec.com

LINE PART ID	DESCRIPTION	CUSTOMER PART ID	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1	1 ANALYZER, HANDI+ INTERNATIONAL		EA	18.0000	146.06	
R218P12	2-001	R218P12-001-2024	2/10/2025	10.0000	1,460.60	N
Ser	rial Numbers:					
KL	84599012	KL84599011	KL84599010	KL84599009		
KL	84599008	KL84599005	KL84599004	KL84599003		
KL	84599002	KL84599001				
Lot	t IDs:					
KL	84599					
2	2 ANALYZER, HANDI+ INTERNATIONAL		EA	18.0000	146.06	
R218P12	2-001	R218P12-001-2024	2/10/2025	8.0000	1,168.48	N
Ser	rial Numbers:					
KM	184599003	KM84599004	KM84599005	KM84599006	KM84599006	
KM	184599010	KM84599011	KM84599012	KM84599013		
Lot	t IDs:					
KM	184599					
3	FREIGHT CHARGE		EA	0.0000	0.00	
			2/10/2025	0.0000	0.00	N

PLEASE SEND ALL UPS NOTIFICATIONS TO 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



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Resale Number:

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

SHIPPING POINT FOB:

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WEST YORKSHIRE, BD20 7DT

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

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:

**VIAMED** 

15 STATION RD

1Z8412980451964773

INVOICE SUBTOTAL DISC AMT TAX AMT VAT AMT FREIGHT AMT INVOICE TOTAL 2,629.08 2,629.08