



INVOICE			
Date	Number	Type	Page
3/28/2025	402509	SO Invoice	1
Customer PO : PVM4208		Currency Code:	

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

**Sales Order ID:** 347958  
**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 Expedited 2-5 BUS DAYS  
**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	EYEMAX2, REGULAR 20 PACK	PK	300.0000	42.56	
R300P01	R300P01-2024	3/28/2025	300.0000	12,768.00	N
<b>Lot IDs:</b> 053256-9					
2	EYEMAX2, PREEMIE 20 PACK	PK	200.0000	42.56	
R300P02	R300P02-2024	3/28/2025	200.0000	8,512.00	N
<b>Lot IDs:</b> 053257-7					
3	FREIGHT CHARGE	EA	0.0000	0.00	
		3/28/2025	0.0000	0.00	N

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

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.

Quality Inspection Approval Stamp and Signature:

**Tracking Number:**  
 1Z8412986751494538



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

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	<b>INVOICE TOTAL</b>
21,280.00						<b>21,280.00</b>