

SOLD TO

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

M5755

Sales Order ID: Confirm To:

Attention:

Region:

Date

4/10/2025

Customer PO:

Reference:

Order Class:

44-153-563-4542

INVOICE

Sales Rep:

R Order Entry:

Type

SO Invoice

Page

SP

NT

1

Currency Code:

Bill To Fax: 44-153-563-5582

Resale Number:

Bill To Phone:

Ship Via:

FOB:

Terms:

OEIT

Number

402827

350755

STEVE NIXON

PVM4376

UPS Express Saver 1-3 BUS END OF

SHIPPING POINT

Collect Freight Terms:

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	SENSOR, MAX-250MS MEDICAL OXYGEN		EA	9.0000	75.97	
R125P97	•	R125P97-2024	4/10/2025	9.0000	683.73	N
Ser	ial Numbers:					
LC	34099009	LC34099008	LC34099007	LC34099006		
LC:	34099005	LC34099004	LC34099003	LC34099002		
LC:	34099001					
	: IDs : 34099					
2	FREIGHT CHARGE		EA	0.0000	0.00	
			4/10/2025	0.0000	0.00	N

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:

1Z8412986749756278



SOLD TO

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

BILL TO

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

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INVOICE									
Date Number Type		Type	Page						
4/10/2025	402827	SO Invoice	2						
Customer PO :	PVM4376	Currency Code:							

Sales Order ID: 350755 Confirm To: STEVE NIXON

Attention:

Reference: Sales Rep: SP

Region: OEIT Order Class: R Order Entry: NT

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

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

683.73 INVOICE TOTAL

683.73