



INVOICE			
Date	Number	Type	Page
5/2/2025	403617	SO Invoice	1
Customer PO :		PVM4209	Currency Code:

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

Sales Order ID: 347959
Confirm To: STEVE NIXON
Attention:
Reference:
Sales Rep: SP
Region: OEIT **Order Class:** R **Order Entry:** NT

BILL TO
 VIAMED
 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

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	5/1/2025	300.0000	12,768.00	N
Lot IDs:					
053256-9					
2	EYEMAX2, PREEMIE 20 PACK	PK	200.0000	42.56	
R300P02	R300P02-2024	5/1/2025	200.0000	8,512.00	N
Lot IDs:					
053257-8					
3	FREIGHT CHARGE	EA	0.0000	0.00	
		5/1/2025	0.0000	0.00	N

PLEASE SEND ALL UPS NOTIFICATIONS TO 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:
 1Z8412986749753164



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Customer PO :		PVM4209	Currency Code:

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

Sales Order ID: 347959
Confirm To: STEVE NIXON
Attention:
Reference: Sales Rep: SP
Region: OEIT Order Class: R Order Entry: NT

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

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

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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	INVOICE TOTAL
21,280.00						21,280.00