



INVOICE			
Date	Number	Type	Page
6/2/2025	404719	SO Invoice	1
Customer PO :		PVM4396	Currency Code:

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

Sales Order ID: 351199
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: SEE NOTES
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	SENSOR, MAX-250MS MEDICAL OXYGEN	EA	21.0000	79.01	
R125P97	R125P97-2025	6/2/2025	21.0000	1,659.21	N
Serial Numbers:					
LD70599021	LD70599020	LD70599019	LD70599018		
LD70599017	LD70599016	LD70599015	LD70599014		
LD70599013	LD70599012	LD70599011	LD70599010		
LD70599009	LD70599008	LD70599007	LD70599006		
LD70599005	LD70599004	LD70599003	LD70599002		
LD70599001					
Lot IDs:					
LD70599					
2	ANALYZER, HANDI+ INTERNATIONAL	EA	20.0000	151.90	
R218P12-001	R218P12-001-2025	6/2/2025	20.0000	3,038.00	N
Serial Numbers:					
LC64999076	LC64999075	LC64999074	LC64999073		
LC64999072	LC64999071	LC64999070	LC64999063		
LC64999062	LC64999061	LC64999060	LC64999059		
LC64999058	LC64999057	LC64999069	LC64999068		
LC64999067	LC64999066	LC64999065	LC64999064		
Lot IDs:					
LC64999					
3	ANALYZER, ULTRAMAXO2 INTERNATIONAL	EA	10.0000	449.85	
R221P11-001	R221P11-001-2025	6/2/2025	10.0000	4,498.50	N
Serial Numbers:					
KJ50811046	KJ50811045	KJ50811041	KJ50811040		



INVOICE			
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6/2/2025	404719	SO Invoice	2
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SOLD TO
 VIAMED
 15 STATION RD
 CROSS HILLS, KEIGHLEY
 WEST YORKSHIRE, BD20 7DT
 GB

M5755

Sales Order ID: 351199
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: SEE NOTES
FOB: SHIPPING POINT
Freight Terms: Collect
Terms: NET 45 DAYS

BILL TO

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

M5755

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LINE	DESCRIPTION	U/M	ORDER QUANTITY	UNIT PRICE	DISC
PART ID	CUSTOMER PART ID	SHIP DATE	SHIPPED QUANTITY	EXTENSION	TAX
KJ50811039	KJ50811038	KJ50811035	KJ50811034		
KJ50811032	KJ50811031				
Lot IDs:					
124508					
4	FREIGHT CHARGE	EA	0.0000	0.00	
		6/2/2025	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 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:
 1Z8412980451838525

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
9,195.71						9,195.71