



INVOICE			
Date	Number	Type	Page
6/13/2025	405204	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](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	MONITOR, MAXO2ME INTERNATIONAL	EA	20.0000	479.07	
R230P01-001	R230P01-001-2025	6/13/2025	6.0000	2,874.42	N
<b>Serial Numbers:</b>					
LD51399001	LD51399003	LD51399004	LD51399005		
LD51399006	LD51399007				
<b>Lot IDs:</b>					
LD51399					
2	MONITOR, MAXO2ME INTERNATIONAL	EA	20.0000	479.07	
R230P01-001	R230P01-001-2025	6/13/2025	14.0000	6,706.98	N
<b>Serial Numbers:</b>					
LE51399001	LE51399003	LE51399004	LE51399006		
LE51399007	LE51399008	LE51399009	LE51399010		
LE51399011	LE51399013	LE51399014	LE51399015		
LE51399016	LE51399017				
<b>Lot IDs:</b>					
LE51399					
3	FREIGHT CHARGE	EA	0.0000	0.00	
		6/13/2025	0.0000	0.00	N

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

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



INVOICE			
Date	Number	Type	Page
6/13/2025	405204	SO Invoice	2
Customer PO :		PVM4396	Currency Code:

**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**  
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: SEE NOTES  
FOB: SHIPPING POINT  
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LINE	DESCRIPTION	U/M	ORDER QUANTITY	UNIT PRICE	DISC
PART ID	CUSTOMER PART ID	SHIP DATE	SHIPPED QUANTITY	EXTENSION	TAX

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:  
1Z8412986751467040

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
9,581.40						9,581.40