

Goodman Medical Supplies Limited

嘉文洋行

Unit C, 6/F., Block II, Camelpaint Building, 62 Hoi Yuen Road, Kowloon, H.K.

Tel: (852) 2332 4455 Fax: (852) 2710 9696 Email: gms@goodman.hk Website: www.goodman.hk

Purchase Order

Messr.: Viamed Ltd.

P. O. No.

: PO-TD2511026(

15 Station Road,

Date

: 24NOV2025

Cross Hills, Keighley,

Vendor

: VIAMO1-UK

West Yorkshire, BD20 7DT,

Tel

: (44) 1535-634542

UK

Fax

: (44) 1535-635582

Attn. : Angela Hawthorne

Staff: Stephenie Chan

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1)

Item	Product Description	Quantity	Unit Price USD	Amount USD	Delivery Date
1)	VIAMO1-1114005 EYE MAX 2 PHOTOTHERAPY EYE MASK, Part No.: 1114005	2 PACK REGULAR, 20/PACK	50. 8000	101.60	12DEC2025
2)	VIAMO1-1114006 EYEMAX 2 PHOTOTHERAPY MASK - PRE	2 PACK MIE 20/PACK	50. 8000	101.60	12DEC2025

Part No.: 1114006

Net Amount

USD 203.20

SAY TOTAL US DOLLAR TWO HUNDRED THREE AND CENTS TWENTY ONLY

Payment Terms : Payment in advance

Cont. on page 2



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Remarks

: Shipping Method : TBC (Please provide Packing Details when goods are ready)

*** Please advise if there is any Special Temperature Control for the goods ***

Any query on the order, please feel free to contact Goodman Logistics at Fax no: (852) 2710 9696 or Office Email address: logistics@goodman.hk

Please send us order acknowledgement so that we can make sure you receive our orders.

All products should be delivered to: Goodman Medical Supplies Ltd. Unit A, 4/F., Roxy Industrial Centre, 58-66 Tai Lin Pai Road, Kwai Chung, N. T., Hong Kong

All invoices should be addressed to: Goodman Medical Supplies Ltd Unit C, 6/F, Block 2, Camelpaint Building, 62 Hoi Yuen Road, Kwun Tong, Kowloon, Hong Kong

For and on behalf of Goodman Medical Supplies Limited

Confirmed by Viamed Ltd.

Stephenie Chan

Eric Siu

Authorized Signature

Prepared By

Approved By

Signature and Company Chop

Please signify and return this sheet by fax. Thank you.