



REMIT TO: Maxtec LLC
1001 New Hampshire Ave, Ste. B, Lakewood, NJ 08701

INVOICE			
Date	Number	Type	Page
12/8/2025	411994	SO Invoice	Page 1 of 2
Customer PO : PVM4820		Currency Code:	

SOLD TO

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

M5755

Sales Order ID: 358272**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
UNITED KINGDOM

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

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 R300P01	EYEMAX2, REGULAR 20 PACK R300P01-2025	PK 12/8/2025	300.0000 300.0000	46.25 13,875.00	T

Lot IDs:

056014-1

056014-2

056014-2

2 R300P02	EYEMAX2, PREEMIE 20 PACK R300P02-2025	PK 12/8/2025	200.0000 200.0000	43.84 8,768.00	T
--------------	--	-----------------	----------------------	-------------------	---

Lot IDs:

056014-3

056152-2

3 R300P01	EYEMAX2, REGULAR 20 PACK R300P01-2025	PK 12/8/2025	30.0000 30.0000	0.00 0.00	T
--------------	--	-----------------	--------------------	--------------	---

Lot IDs:

056014-2

4 R300P02	EYEMAX2, PREEMIE 20 PACK R300P02-2025	PK 12/8/2025	20.0000 20.0000	0.00 0.00	T
--------------	--	-----------------	--------------------	--------------	---

Lot IDs:

056152-2

5 R300P01	FREIGHT CHARGE	EA 12/8/2025	0.0000 0.0000	0.00 0.00	N
--------------	----------------	-----------------	------------------	--------------	---

SHIP COMPLETE

PLEASE SEND ALL UPS NOTIFICATIONS TO cathy.green@viamed.co.uk. THANK YOU.

SHIPPING NOTES: UPS EXPEDITED ON ACCT#: 9W9-638.

"DO NOT USE ANY BOX LARGER THAN 20X20X16 AND ONLY USE DOUBLE WALL BOX WHEN USING 20X20X16"



REMIT TO: Maxtec LLC
1001 New Hampshire Ave, Ste. B, Lakewood, NJ 08701

INVOICE			
Date	Number	Type	Page
12/8/2025	411994	SO Invoice	Page 2 of 2
Customer PO : PVM4820		Currency Code:	

SOLD TO

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

M5755

Sales Order ID: 358272**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
UNITED KINGDOM

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

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
-----------------	---------------------------------	------------------	------------------------------------	-------------------------	-------------

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
1Z8412986749206586

INVOICE SUBTOTAL	DISC %	TARIFF SURCHARGE	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
22,643.00		452.86				23,095.86