



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

INVOICE			
Date	Number	Type	Page
3/31/2026	415896	SO Invoice	Page 1 of 1
Customer PO : PVM5073		Currency Code:	

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

Sales Order ID: 361753
Confirm To: STEVE NIXON
Attention:
Reference: **Sales Rep:** SP
Region: OEIT **Order Class:** R **Order Entry:** NT

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

Bill To Phone: 44-153-563-4542
Bill To Fax: 44-153-563-5582
Resale Number:
Ship Via: UPS Express Saver 1-3 BUS EN
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	DESCRIPTION	U/M	ORDER QUANTITY	UNIT PRICE	DISC
PART ID	CUSTOMER PART ID	SHIP DATE	SHIPPED QUANTITY	EXTENSION	TAX
1	MOUNT, POLE/RAIL BLENDER	EA	20.0000	71.71	
R100P26		3/31/2026	20.0000	1,434.20	T
Lot IDs: 129558					
2	FREIGHT CHARGE	EA	0.0000	0.00	
		3/31/2026	0.0000	0.00	N

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

SHIPPING NOTES: 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
 1Z8412980450953205

INVOICE SUBTOTAL	DISC %	TARIFF SURCHARGE	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
1,434.20		28.68				1,462.88