

Smiths Medical International Ltd. 1500, Eureka Park Lower Pemberton Ashford TN25 4BF United Kingdom

## **VENDOR:**

VIAMED LTD 14 STATION ROAD **CROSS HILLS** KFIGHI FY BD20 7DT United Kingdom

Name: VIAMED LTD, Tel: () 1535634542 Fax: () 01535 635582

PURCHASE ORDER							
PURCHA	SE ORDER NUMBER	REVISION	PAGE				
30114234		0	1 of 1				
This Purchase Order Number must appear on all							
order acknowledgements, packing lists, cartons,							
and correspondence.							
SHIP TO:	Smiths Medical International Ltd Bramingham Business Park Enterprise Way Luton Bedfordshire LU3 4BU United Kingdom						
BILL TO:	Smiths Medical Interna 1500, Eureka Park Lov Ashford Kent TN25 4B United Kingdom	wer Pemberton					

CUSTOMER ACCT NO.	<b>VENDOR NO.</b> 14021	DATE OF ORDER/BUYER 30-APR-20 / Pullen, D	REVISED DATE/BUYER				
PAYMENT TERMS		SHIP VIA	F.O.B				
DUE 45 DAYS FROM INVOICE DATE							
FREIGHT TERMS		REQUESTOR/DELIVERY	CONFIRM TO/TELEPHONE				
		Brown, Mrs Debra (Debra)	VIAMED LTD, () 1535634542				
Supplier Information : -							

Pos	PART NUMBER/DESCRIPTION	Rev	Delivery Date	Quantity	Unit	Unit Price	Line price	Тах
1	3x Oxygen Meters		30-APR-20	1	EA	1,128. 00	1,128.00	N
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## A SIGNATURE IS NOT REQUIRED FOR ELECTRONICALLY GENERATED DOCUMENTS TERMS AND CONDITIONS **GBP** 1,128.00 **TOTAL** C of C and/or any other documents required, where applicable per Smiths purchasing specification, with any shipment with a copy emailed to your Smiths purchasing contact - Packing Slip, Certificate of Compliance, Shippers and Invoices MUST reference the exact Purchase Order number, Release number (where applicable) and Line number to eliminate delays in Payment. Confirmation MUST be sent within the next 48 business. Is supplier responsibility to review price, quantity and dates. Purchase Order Revision levels referenced in this Purchase Order or specified by your Smiths purchasing contact must be used. If standard catalogue items not covered by a Smiths Medical specification are supplied, the supplier's current revision is acceptable. **AUTHORIZED SIGNATURE** Any Invoice MUST be sent only through e-mail to: AP.Inquiry@Smiths-Medical.com

Acceptance or fulfillment of this purchase order constitutes acceptance of both the terms and conditions set forth herein and also Smiths Medical's terms and conditions of purchase which are located at www.smiths-medical.com/suppliers. Smiths Medical will not accept any changes or other terms regardless of the time or manner in which they are communicated unless expressly accepted by Smiths Medical in writing.