



**SOLD TO**

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

**BILL TO**

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

INVOICE			
Date	Number	Type	Page
10/15/2020	321652	SO Invoice	Page 1 of 1
Customer PO :		PVM1448	Currency Code:

**Sales Order ID:** 286982  
**Confirm To:** STEPHEN NIXON  
**Attention:**  
**Reference:** 8412988779133616 **Sales Rep:** BK  
**Region:** OEIT **Order Class:** R **Order Entry:** KS  
**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

LINE PART ID	DESCRIPTION CUSTOMER PART ID	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1	SENSOR,MAX-250A E PHONE JACK W/ADAPT MED	EA	20.0000	60.00	
R125P04-001	R125P04-001	10/14/2020	20.0000	1,200.00	N
2	INTERNATIONAL WIRE FEE	EA	1.0000	25.00	
		10/15/2020	1.0000	25.00	N

SHIPPING NOTES: SHIP UPS INT'L EXPED. COLLECT TO UPS ACCT. 9W9-638  
 WHEN SHIPPING SENSORS PLEASE USE HTS CODE 9018.90.8500  
 "Do not use any box larger than 20x20x15  
 TEL: 440-153-563-4542

\*\*\*\*\* PLEASE SHIP NO LESS THAN 48 MAXO2 AE'S IF PARTIAL IS SHIPPED \*\*\*\*\*

WHEN SHIPPING (ME) PLEASE ADD EXTRA PACKING ALL AROUND PRODUCT

**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:

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
1,225.00						1,225.00

**Customer**



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INVOICE			
Date	Number	Type	Page
10/15/2020	321659	SO Invoice	Page 1 of 1
Customer PO :		PVM1476	Currency Code:

**Sales Order ID:** 287190  
**Confirm To:** STEPHEN NIXON  
**Attention:**  
**Reference:** 8412988778123996 **Sales Rep:** BK  
**Region:** OEIT **Order Class:** R **Order Entry:** KS  
**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

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	PK 10/5/2020	350.0000 350.0000	34.00 11,900.00	N
2 R300P02	EYEMAX2, PREEMIE 20 PACK R300P02	PK 10/5/2020	200.0000 200.0000	32.60 6,520.00	N
3 R300P03	EYEMAX2, MICRO 20 PACK R300P03	PK 10/5/2020	50.0000 50.0000	29.50 1,475.00	N
4	FREIGHT CHARGE	EA 10/15/2020	0.0000 0.0000	0.00 0.00	N
5	INTERNATIONAL WIRE FEE	EA 10/15/2020	1.0000 1.0000	25.00 25.00	N

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Quality Inspection Approval Stamp and Signature:

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
19,920.00						19,920.00

**Customer**