



INVOICE			
Date	Number	Type	Page
10/30/2020	323170	SO Invoice	Page 1 of 1
Customer PO :		PVM1465	Currency Code:

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

Sales Order ID: 287021
Confirm To: STEPHEN NIXON
Attention:
Reference: 56079287021 **Sales Rep:** BK
Region: OEIT **Order Class:** R **Order Entry:** KS

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: 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 R125P01-007	SENSOR,MAX-250 INTERNAL MED. WITH O-RING R125P01-007	EA 10/30/2020	200.0000 150.0000	45.00 6,750.00	N
2 R125P01-007	SENSOR,MAX-250 INTERNAL MED. WITH O-RING R125P01-007	EA 10/30/2020	200.0000 50.0000	45.00 2,250.00	N
3	INTERNATIONAL WIRE FEE	EA 10/30/2020	1.0000 1.0000	25.00 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
9,025.00						9,025.00

Customer