



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
6/10/2021	336090	SO Invoice	Page 1 of 2
Customer PO :		PVM1965	Currency Code:

Sales Order ID: 299754
Confirm To: STEPHEN NIXON
Attention:
Reference: 57815299754 **Sales Rep:** VD
Region: OEIT **Order Class:** R **Order Entry:** AW
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 R114P70	SENSOR, MAX-16 R114P70	EA 6/10/2021	20.0000 20.0000	60.00 1,200.00	N
2 R116P82-001	SENSOR OXYGEN, MAX-14 KORR CONNECTIONS R116P82-001	EA 6/10/2021	20.0000 20.0000	60.00 1,200.00	N
3 R125P03-002	SENSOR,MAX-250E,EXTERNAL MEDICAL R125P03-002	EA 6/10/2021	150.0000 150.0000	45.00 6,750.00	N
4 R125P01-007	SENSOR,MAX-250 INTERNAL MED. WITH O-RING R125P01-007	EA 6/10/2021	100.0000 26.0000	45.00 1,170.00	N
5 R125P01-007	SENSOR,MAX-250 INTERNAL MED. WITH O-RING R125P01-007	EA 6/10/2021	100.0000 74.0000	45.00 3,330.00	N
6	INTERNATIONAL FEE	EA 6/10/2021	1.0000 1.0000	25.00 25.00	N

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

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:

Customer



REMIT TO: 2305 South 1070 West
Salt Lake City, Utah 84119

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
6/10/2021	336090	SO Invoice	Page 2 of 2
Customer PO :		PVM1965	Currency Code:

Sales Order ID: 299754
Confirm To: STEPHEN NIXON
Attention:
Reference: 57815299754 **Sales Rep:** VD
Region: OEIT **Order Class:** R **Order Entry:** AW
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	DESCRIPTION	U/M	ORDER QUANTITY	UNIT PRICE	DISC
PART ID	CUSTOMER PART ID	SHIP DATE	SHIPPED QUANTITY	EXTENSION	TAX

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
13,675.00						13,675.00

Customer