



INVOICE			
Date	Number	Type	Page
9/30/2021	342448	SO Invoice	1
Customer PO :		PVM2138	Currency Code:

# **SOLD TO**

VIAMED  
15 STATION RD  
CROSS HILLS, KEIGHLEY  
WEST YORKSHIRE, BD20 7DT  
GB

M5755

Sales Order ID: 304064  
Confirm To: STEPHEN NIXON  
Attention:

Reference: 64670304064 Sales Rep: VD

Region: OEIT Order Class: R Order Entry: AW

# **BILL TO**

VIAMED  
15 STATION RD  
CROSS HILLS, KEIGHLEY  
WEST YORKSHIRE, BD20 7DT  
GB

M5755

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
1	MOUNT, POLE/RAIL BLENDER	EA	1.0000	55.00	
R100P26		9/30/2021	1.0000	55.00	N
Lot IDs:					
104019					
2	FLOWMETER, 0-15 LPM WHITE 50 PSI	EA	3.0000	27.50	
RP34P03-101		9/30/2021	1.0000	27.50	N
Lot IDs:					
090821					
3	BANKING FEE	EA	1.0000	25.00	
		9/30/2021	1.0000	25.00	N

PLEASE SEND ALL UPS NOTIFICATIONS TO [cathy.green@viamed.co.uk](mailto: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:



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INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
107.50						107.50