

SOLD TO

BILL TO

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

VIAMED

15 STATION RD

CROSS HILLS, KEIGHLEY

WEST YORKSHIRE, BD20 7DT

M5755

M5755

Attention:

Reference:

Sales Order ID:

Confirm To:

Region:

Date

10/19/2021

Customer PO:

65143304389

343117

304389

STEPHEN NIXON

PVM2157

Number

Order Class: R

Type

SO Invoice

Order Entry:

Sales Rep:

Currency Code:

Page

VD

AW

1

44-153-563-4542 Bill To Phone: Bill To Fax: 44-153-563-5582

INVOICE

Resale Number:

Ship Via: FOB:

OEIT

SEE NOTES SHIPPING POINT

Collect Freight Terms:

NET 45 DAYS Terms:

LINE PART ID	DESCRIPTION	CUSTOMER PART ID	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1 R217P6	1 ANALYZER, MAXO2+ A MEDICAL R217P62		EA 10/19/2021	10.0000 10.0000	235.00 2,350.00	N
Se	erial Numbers:					
G	J80299003	GJ80299006	GJ80299010	GJ80299013		
G	J80299015	GJ80299017	GJ80299020	GJ80299022		
G	J80299024	GJ80299027				
	ot IDs: J80299					
2	FREIGHT CHARGE		EA 10/19/2021	0.0000 0.0000	0.00 0.00	N
3	BANKING FEE		EA 10/19/2021	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:



SOLD TO

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

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

INVOICE								
Date	Number	Туре	Page					
10/19/2021	343117	SO Invoice	2					
Customer PO :	PVM2157	Currency Code:						

Sales Order ID: 304389
Confirm To: STEPHEN NIXON

Attention:

 Reference:
 65143304389
 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

2,375.00

INVOICE TOTAL

2,375.00