

SOLD TO

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

M5755

M5755

Attention: Reference:

Region:

Sales Order ID:

Confirm To:

Date

11/11/2021

Customer PO:

66410303840

303840

STEPHEN NIXON

344717

PVM2117

Order Class: R Order Entry:

Currency Code:

Sales Rep:

Type

SO Invoice

Page

VD

AW

1

44-153-563-4542 44-153-563-5582

Resale Number:

Bill To Phone:

Bill To Fax:

Ship Via: FOB:

Terms:

OEIT

Number

SEE NOTES

INVOICE

SHIPPING POINT Freight Terms:

Collect

NET 45 DAYS

BILL TO

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

LINE PART ID	DESCRIPTION CUSTOMER PART ID	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1 SENSOR, MAX-25,WITH .062 CONNECT INDUST R100P51-002		EA 11/11/2021	2.0000 1.0000	79.00 79.00	N
	ial Numbers: 143299001				
	I Ds : 043299				
2 R100P51	SENSOR, MAX-25,WITH .062 CONNECT INDUST -002	EA 11/11/2021	2.0000 1.0000	79.00 79.00	N
	ial Numbers: 70899001				
	I Ds : 70899				
3	FREIGHT CHARGE	EA 11/11/2021	0.0000 0.0000	0.00 0.00	N
4	HANDLING/BANK FEE	EA 11/11/2021	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



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INVOICE						
Date	Number	Type	Page			
11/11/2021	344717	SO Invoice	2			
Customer PO :	PVM2117	Currency Code:				

Sales Order ID: 303840
Confirm To: STEPHEN NIXON

Attention:

 $\label{eq:Reference: Sales Rep: VD} \textbf{Reference: } 66410303840 \qquad \qquad \textbf{Sales Rep: } VD$

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

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.

M5755

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Quality Inspection Approval Stamp and Signature:

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

183.00 INVOICE TOTAL

183.00