



INVOICE			
Date	Number	Type	Page
11/11/2021	344717	SO Invoice	1
Customer PO :		PVM2117	Currency Code:

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

Sales Order ID: 303840
Confirm To: STEPHEN NIXON
Attention:
Reference: 66410303840
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

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	SENSOR, MAX-25,WITH .062 CONNECT INDUST	EA	2.0000	79.00	
R100P51-002		11/11/2021	1.0000	79.00	N
Serial Numbers:					
GD43299001					
Lot IDs:					
GD43299					
2	SENSOR, MAX-25,WITH .062 CONNECT INDUST	EA	2.0000	79.00	
R100P51-002		11/11/2021	1.0000	79.00	N
Serial Numbers:					
GJ70899001					
Lot IDs:					
GJ70899					
3	FREIGHT CHARGE	EA	0.0000	0.00	
		11/11/2021	0.0000	0.00	N
4	HANDLING/BANK FEE	EA	1.0000	25.00	
		11/11/2021	1.0000	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



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

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

Sales Order ID: 303840
Confirm To: STEPHEN NIXON
Attention:
Reference: 66410303840 **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

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.

Quality Inspection Approval Stamp and Signature:

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
183.00						183.00