



INVOICE			
Date	Number	Type	Page
11/10/2021	344636	SO Invoice	1
Customer PO :		PVM2093	Currency Code:

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

**Sales Order ID:** 302732  
**Confirm To:** STEPHEN NIXON  
**Attention:**  
**Reference:** 66400302732 **Sales Rep:** VD  
**Region:** OEIT **Order Class:** BL **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	EYEMAX2, REGULAR 20 PACK	PK	200.0000	34.00	
R300P01	R300P01	11/10/2021	200.0000	6,800.00	N
<b>Lot IDs:</b> 046993-13					
2	EYEMAX2, MICRO 20 PACK	PK	100.0000	29.50	
R300P03	R300P03	11/10/2021	100.0000	2,950.00	N
<b>Lot IDs:</b> 046995-3					
3	FREIGHT CHARGE	EA	0.0000	0.00	
		11/10/2021	0.0000	0.00	N
4	HANDLING/BANK FEE	EA	1.0000	25.00	
		11/10/2021	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

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			
Date	Number	Type	Page
11/10/2021	344636	SO Invoice	2
Customer PO :		PVM2093	Currency Code:

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

**Sales Order ID:** 302732  
**Confirm To:** STEPHEN NIXON  
**Attention:**  
**Reference:** 66400302732  
**Sales Rep:** VD  
**Region:** OEIT    **Order Class:** BL    **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

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
9,775.00						9,775.00



INVOICE			
Date	Number	Type	Page
11/10/2021	344694	SO Invoice	1
Customer PO :		PVM2117	Currency Code:

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

**Sales Order ID:** 303840  
**Confirm To:** STEPHEN NIXON  
**Attention:**  
**Reference:** **Sales Rep:** VD  
**Region:** OEIT **Order Class:** R **Order Entry:** AW

**BILL TO**  
 VIAMED M5755  
 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	FREIGHT CHARGE	EA	0.0000	0.00	
		11/8/2021	0.0000	0.00	N

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Quality Inspection Approval Stamp and Signature:

Invoice is Closed

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
						0.00