



INVOICE			
Date	Number	Type	Page
11/5/2021	344413	SO Invoice	1
Customer PO :		PVM2151	Currency Code:

# **SOLD TO**

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

Sales Order ID: 304450  
Confirm To: STEPHEN NIXON  
Attention:  
Reference: 66290304450  
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	ANALYZER, ULTRAMAXO2 INTERNATIONAL	EA	10.0000	385.00	
R221P11-001	R221P11-001	11/4/2021	10.0000	3,850.00	N
<b>Serial Numbers:</b>					
GJ48111002	GJ48111003	GJ48111005	GJ48111006		
GJ48111007	GJ48111008	GJ48111009	GJ48111010		
GJ48311005	GK74511005				
<b>Lot IDs:</b>					
105105					
2	HANDLING FEE	EA	1.0000	25.00	
		11/5/2021	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:



**SOLD TO**

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

M5755

**BILL TO**

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

M5755

INVOICE			
Date	Number	Type	Page
11/5/2021	344413	SO Invoice	2
Customer PO :		PVM2151	Currency Code:

**Sales Order ID:** 304450  
**Confirm To:** STEPHEN NIXON  
**Attention:**  
**Reference:** 66290304450 **Sales Rep:** VD  
**Region:** OEIT **Order Class:** R **Order Entry:** AW  
**Bill To Phone:** 44-153-563-4542  
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**Resale Number:**  
**Ship Via:** SEE NOTES  
**FOB:** SHIPPING POINT  
**Freight Terms:** Collect  
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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
3,875.00						3,875.00