

SOLD TO

BILL TO

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

VIAMED

15 STATION RD

CROSS HILLS, KEIGHLEY

WEST YORKSHIRE, BD20 7DT

M5755

M5755

55 Sales Order ID: Confirm To:

STEPHEN NIXON

Number

Attention:

Reference:

Region:

Date

11/24/2021

Customer PO:

66979304449

345572

304449

PVM2150

Sales Rep:

Currency Code:

VD

AW

Page

1

Order Class: R Order Entry:

Type

SO Invoice

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

INVOICE

Resale Number:

Ship Via: FOB:

OEIT

SEE NOTES
SHIPPING POINT

Freight Terms: Collect

Terms: NET 45 DAYS

1						
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	300.0000	34.00	
R300P01		R300P01	11/24/2021	300.0000	10,200.00	N
Lot	IDs:					
046	993-13					
2	HANDLING FEE		EA	1.0000	25.00	
			11/24/2021	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 SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
10,225.00						10,225.00



SOLD TO

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

M5755

66980306313 Reference:

Number

345676

306313

STEPHEN NIXON

PVM2231

Date

11/24/2021

Customer PO:

Sales Order ID:

Confirm To:

Attention:

Region:

Sales Rep: R

Type

SO Invoice

Currency Code:

Order Entry:

Page

VD

AW

1

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

INVOICE

Resale Number:

Bill To Phone:

Bill To Fax:

Ship Via:

FOB:

Terms:

OEIT

SEE NOTES SHIPPING POINT

Order Class:

Collect Freight Terms:

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 R207P17	ASSEMBLY, HANDI BARB	ED ADAPTER W/TUBING	EA 11/24/2021	50.0000 50.0000	6.00 300.00	N
Lot 105						
2	ANALYZER, ULTRAMAXO	2 INTERNATIONAL	EA	10.0000	385.00	
R221P11-	001	R221P11-001	11/24/2021	10.0000	3,850.00	N
Seria	al Numbers:					
GK7	76811005	GK76811008	GK76811009	GK76811010		
GK76811015		GK77911015	GK77911016	GL77811011		
GL7	7811012	GL77811013				
Lot	IDs:					
105	207					
3 R230P01-	3 MONITOR, MAXO2ME INTERNATIONAL R230P01-001		EA 11/24/2021	10.0000 10.0000	390.00 3,900.00	N
Seria	al Numbers:					
		GL83699002	GL83699003	GL83699008		
		GL83699010	GL83699016	GL83699017		
GL8	3699019	GL83699020				
Lot	IDs:					
GL8	33699					
4	BANK HANDLING FEE		EA 11/24/2021	1.0000 1.0000	25.00 25.00	N

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SOLD TO

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

M5755

M5755

BILL TO

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

306313 Sales Order ID: Confirm To: STEPHEN NIXON

Number

345676

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Attention:

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11/24/2021

Customer PO:

Reference: 66980306313 Sales Rep: VD

Page 2

OEIT Order Class: R AW Region: Order Entry:

INVOICE

Type

SO Invoice

Currency Code:

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

Resale Number:

FOB:

SEE NOTES Ship Via: SHIPPING POINT

Collect Freight Terms:

NET 45 DAYS Terms:

DESCRIPTION DISC LINE U/M ORDER QUANTITY **UNIT PRICE** PART ID **CUSTOMER PART ID** SHIP DATE SHIPPED QUANTITY **EXTENSION** TAX

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INVOICE SUBTOTAL DISC AMT TAX AMT VAT AMT FREIGHT AMT INVOICE TOTAL 8,075.00 8,075.00