



INVOICE			
Date	Number	Type	Page
12/30/2021	347535	SO Invoice	1
Customer PO :		PVM2207	Currency Code:

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

M5755

**Sales Order ID:** 305922  
**Confirm To:** STEPHEN NIXON  
**Attention:**

**Reference:** 68343305922 **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

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
1	SENSOR, MAX-48 OXYGEN	EA	5.0000	58.00	
R112P18		12/30/2021	1.0000	58.00	N

**Serial Numbers:**

GL67501002

**Lot IDs:**

GL67501

2	BANK HANDLING FEE	EA	1.0000	25.00	
		12/30/2021	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
83.00						83.00