

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 GR Sales Order ID: 306800
Confirm To: STEPHEN NIXON

Attention:

Date

1/19/2022

Customer PO:

**Reference**: 69304306800 **Sales Rep**: VD

**INVOICE** 

Type

SO Invoice

**Currency Code:** 

Page

1

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

Resale Number:

Number

348304

PVM2257

Ship Via: SEE NOTES
FOB: SHIPPING POINT

Freight Terms: Collect

Terms: NET 45 DAYS

LINE PART ID	DESCRIPTION	CUSTOMER PART ID	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1	SENSOR, MAX-48 OXYGEN		EA	10.0000	58.00	
R112P18			1/18/2022	1.0000	58.00	N
Seria	al Numbers:					
GL6	7501001					
Lot I	IDs:					
GL6	37501					
2	SENSOR, MAX-48 OXYGEN		EA	10.0000	58.00	
R112P18			1/18/2022	9.0000	522.00	N
Seria	al Numbers:					
GM7	77301002	GM77301003	GM77301004	GM77301005		
GM7	77301006	GM77301007	GM77301008	GM77301009		
GM7	77301010					
Lot I	IDs:					
GM <sup>2</sup>	77301					
3	SENSOR, MAX-250+ INTERI	NAL MEDICAL	EA	5.0000	71.00	
R125P02-	011		1/18/2022	5.0000	355.00	N
Seria	al Numbers:					
GL6	3799246	GL63799247	GL63799248	GL63799249		
GL6	3799250					
Lot I	Ds:					
GL6	3799					
4	FREIGHT CHARGE		EA	0.0000	0.00	
			1/19/2022	0.0000	0.00	N
5	INTERNATIONAL WIRE FEE		EA	1.0000	25.00	
			1/19/2022	1.0000	25.00	N



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Customer PO:

306800 STEPHEN NIXON

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Number

69304306800

Sales Rep: Order Entry:

**Currency Code:** 

Page

VD

AW

2

Region:

Ship Via:

Order Class: 44-153-563-4542

**INVOICE** 

Type

SO Invoice

R

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

Resale Number:

OEIT

SEE NOTES

FOB: SHIPPING POINT

Collect Freight Terms:

NET 45 DAYS Terms:

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

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 TOTAL INVOICE SUBTOTAL DISC AMT TAX AMT VAT AMT FREIGHT AMT 960.00 960.00



**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

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306800 STEPHEN NIXON

348305

PVM2257

Number

Confirm To: Attention:

Date

1/19/2022

Customer PO:

Reference:

Sales Rep:

Region:

Sales Order ID:

Order Class:

Order Entry:

**Currency Code:** 

: AW

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VD

1

Bill To Phone: Bill To Fax:

Ship Via:

44-153-563-4542

44-153-563-5582

**INVOICE** 

Type

SO Invoice

R

Resale Number:

OEIT

:

SEE NOTES

FOB: SHIPPING POINT

Freight Terms: Collect

Terms: NET 45 DAYS

LINE PART ID	DESCRIPTION	CUSTOMER PART ID	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1	FREIGHT CHARGE		EA	0.0000	0.00	
			1/19/2022	0.0000	0.00	N

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Invoice is Closed

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

1NVOICE TOTAL

0.00



**BILL TO** 

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

VIAMED

15 STATION RD

CROSS HILLS, KEIGHLEY

WEST YORKSHIRE, BD20 7DT

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55 Sales Order ID: Confirm To: 306313 STEPHEN NIXON

348306

PVM2231

Attention: Reference:

Date

1/19/2022

Customer PO:

69304306313

Number

Sales Rep:

Page

VD

AW

1

Region: OEIT

Order Class:

Order Entry:

**Currency Code:** 

44-153-563-4542

INVOICE

Type

SO Invoice

R

44-153-563-5582

Resale Number:

Bill To Phone:

Bill To Fax:

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 OXYGEN, MAX	X-14 KORR CONNECTIONS	EA	20.0000	60.00	
R116P82	-001	R116P82-001	1/18/2022	20.0000	1,200.00	N
Seri	ial Numbers:					
GM	147101121	GM47101122	GM47101123	GM47101124		
GM	147101125	GM47101126	GM47101127	GM47101128		
GM	147101129	GM47101130	GM47101131	GM47101132		
GM	147101133	GM47101134	GM47101135	GM47101136		
GM	147101137	GM47101138	GM47101139	GM47101140		
Lot	IDs:					
GM	147101					
2	FREIGHT CHARGE		EA	0.0000	0.00	
			1/19/2022	0.0000	0.00	N
3	INTERNATIONAL WIRE	FEE	EA	1.0000	25.00	
			1/19/2022	1.0000	25.00	N

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INVOICE					
Date	Number	Туре	Page		
1/19/2022	348306	SO Invoice	2		
Customer PO :	PVM2231	Currency Code:			

Sales Order ID: 306313
Confirm To: STEPHEN NIXON

Attention:

 Reference:
 69304306313
 Sales Rep:
 VD

Region: OEIT Order Class: R Order Entry: AW

**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

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Quality Inspection Approval Stamp and Signature:

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

1,225.00

INVOICE TOTAL

1,225.00