

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 GB

INVOICE					
Date	Number	Туре	Page		
1/14/2022	348071	Non-RA Cr Memo	1		
Customer PO :	PVM2061	Currency Code:			

Sales Order ID: 301942
Confirm To: STEPHEN NIXON

Attention:

Reference: 339722 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: FOB:

Freight Terms:

Terms:

LINE PART ID	DESCRIPTION	CUSTOMER PART ID	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1	BANK FEE		EA 1/14/2022	1.0000 1.0000	20.00	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 is Closed

INVOICE TOTAL	FREIGHT AMT	VAT AMT	TAX AMT	DISC AMT	DISC %	INVOICE SUBTOTAL
-20.00						-20.00



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

M5755

Attention:

Reference:

Region:

Sales Order ID:

Confirm To:

Date

1/14/2022

Customer PO:

69050308589

STEPHEN NIXON

Sales Rep:

Currency Code:

AW Order Entry:

VD

Page

1

Bill To Phone:

Bill To Fax:

Ship Via: FOB:

Terms:

OEIT

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

Resale Number:

Number

348083

308589

PVM2322

SEE NOTES

Order Class:

INVOICE

Type

SO Invoice

R

SHIPPING POINT Freight Terms: Collect

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 R125P18		M OXYGEN MOLEX MEDICAL	EA 1/12/2022	75.0000 30.0000	50.00 1,500.00	N
Seri	ial Numbers:					
GM	163899065	GM63899066	GM63899067	GM63899068		
GM	163899069	GM63899070	GM63899071	GM63899072		
GM	163899073	GM63899074	GM63899075	GM63899076		
GM	163899077	GM63899078	GM63899079	GM63899080		
GM	163899081	GM63899082	GM63899083	GM63899084		
GM	163899085	GM63899086	GM63899087	GM63899088		
GM	163899089	GM63899090	GM63899091	GM63899092		
GM	163899093	GM63899094				
Lot	IDs:					
GM	163899					
2 R125P18		M OXYGEN MOLEX MEDICAL	EA 1/12/2022	75.0000 10.0000	50.00 500.00	N
Seri	ial Numbers:					
GM	163899055	GM63899056	GM63899057	GM63899058		
GM	163899059	GM63899060	GM63899061	GM63899062		
GM	163899063	GM63899064				
	IDs: 163899					
3 R125P18		M OXYGEN MOLEX MEDICAL	EA 1/12/2022	75.0000 35.0000	50.00 1,750.00	N
Seri	ial Numbers:					
GM	117499086	GM17499087	GM17499088	GM17499089		



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

77 00

Attention:

Date

1/14/2022

Customer PO:

Sales Order ID:

Confirm To:

Region:

Reference: 69050308589

Number

348083

308589

STEPHEN NIXON

PVM2322

INVOICE

Type

SO Invoice

R

Sales Rep:

Currency Code:

VD

Page

2

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Order Class:

Order Entry:

AW

Bill To Phone: Bill To Fax:

Ship Via:

Freight Terms:

OEIT

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

Resale Number:

SEE NOTES

FOB: SHIPPING POINT

Collect

Terms: NET 45 DAYS

DESCRIPTION		U/M	ORDER QUANTITY	UNIT PRICE	DISC
	CUSTOMER PART ID	SHIP DATE	SHIPPED QUANTITY	EXTENSION	TAX
7499090	GM17499091	GM17499092	GM17499093		
7499094	GM17499095	GM17499096	GM17499097		
7499098	GM17499099	GM17499100	GM17499101		
7499102	GM17499103	GM17499104	GM17499105		
7499106	GM17499107	GM17499108	GM17499109		
7499110	GM17499111	GM17499112	GM17499113		
7499114	GM17499115	GM17499116	GM17499117		
7499118	GM17499119	GM17499120			
Os:					
7499					
CABLE, MAXBLEND2 SENSOR		EA	3.0000	16.80	
		1/12/2022	3.0000	50.40	N
ne:					
21					
BANK FEE		EA	1.0000	25.00	
		1/14/2022	1.0000	25.00	N
	7499090 7499094 7499098 7499102 7499106 7499110 7499114 7499118 0s: 7499 CABLE, MAXBLEND2 SENSOR	CUSTOMER PART ID 7499090 GM17499091 7499094 GM17499095 7499098 GM17499099 7499102 GM17499103 7499106 GM17499107 7499110 GM17499111 7499114 GM17499115 7499118 GM17499119 Dis: 7499 CABLE, MAXBLEND2 SENSOR	CUSTOMER PART ID Y499090 GM17499091 GM17499092 P499094 GM17499095 GM17499096 P499098 GM17499100 GM17499103 GM17499104 P499106 GM17499107 GM17499108 P499110 GM17499111 GM17499112 P499114 GM17499115 GM17499116 P499118 GM17499119 GM17499120 P8:	CUSTOMER PART ID	CUSTOMER PART ID SHIP DATE SHIPPED QUANTITY EXTENSION 7499090 GM17499091 GM17499092 GM17499097 7499094 GM17499095 GM17499096 GM17499097 7499098 GM17499099 GM17499100 GM17499101 7499102 GM17499103 GM17499104 GM17499105 7499106 GM17499107 GM17499108 GM17499109 7499110 GM17499111 GM17499112 GM17499117 7499118 GM17499119 GM17499120 GM17499117 749918 GM17499119 GM17499120 GM17499117 74991 CABLE, MAXBLEND2 SENSOR EA 3.0000 16.80 7499 J1/12/2022 3.0000 50.40

 ${\tt PLEASE \ SEND \ ALL \ UPS \ NOTIFICATIONS \ TO \ cathy.green @viamed.co.uk. \ THANK \ YOU.}$

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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



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

BILL TO

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

INVOICE					
Date	Number	Туре	Page		
1/14/2022	348083	SO Invoice	3		
Customer PO :	PVM2322	Currency Code:			

Sales Order ID: 308589
Confirm To: STEPHEN NIXON

Attention:

 Reference:
 69050308589
 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

3,825.40 INVOICE TOTAL

3,825.40