

SOLD TO

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

M5755

Attention:

Date

2/24/2022

Customer PO:

Sales Order ID:

Confirm To:

Reference:

Region:

OEIT

Ship Via: FOB:

Terms:

71801307696

Sales Rep:

Currency Code:

Order Entry:

Page

VD

LF

1

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

Order Class:

Resale Number:

Number

350544

307696

STEPHEN NIXON

PVM2290

SEE NOTES SHIPPING POINT

INVOICE

Type

SO Invoice

R

Collect Freight Terms:

NET 45 DAYS

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

DESCRIPTION LINE U/M ORDER QUANTITY **UNIT PRICE** DISC PART ID **CUSTOMER PART ID** SHIP DATE SHIPPED QUANTITY **EXTENSION** TAX BEZEL, MAXBLEND FRONT COVER EΑ 1 1.0000 56.25 R203P01 2/24/2022 1.0000 56.25 Ν Lot IDs: 060121 2 ANALYZER, MAXO2+ AE MEDICAL EΑ 25.0000 287.70 R217P72 2/24/2022 1.0000 287.70 Ν Serial Numbers: GM22599015 Lot IDs: GM22599 ANALYZER, MAXO2+ AE MEDICAL 25.0000 3 EΑ 287.70 R217P72 2/24/2022 24.0000 6,904.80 Ν Serial Numbers: GM22699024 GM22699010 GM22699009 GM22699008 GM22699007 GM22699006 GM22699005 GM22699004 GM22699003 GM22699002 GM22699001 GM22699023 GM22699022 GM22699021 GM22699020 GM22699019 GM22699018 GM22699017 GM22699016 GM22699015 GM22699014 GM22699013 GM22699012 GM22699011 Lot IDs: GM22699 FREIGHT CHARGE EΑ 0.0000 0.00 2/24/2022 0.0000 0.00 Ν

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



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 GB 55 Sales Order ID:

Sales Order ID: 307696 Confirm To: STEPHEN NIXON

Number

350544

PVM2290

Attention:

Date

2/24/2022

Customer PO:

 Reference:
 71801307696
 Sales Rep:
 VD

Type

SO Invoice

Currency Code:

Page

2

Region: OEIT Order Class: R Order Entry: LF

INVOICE

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

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 7,248.75 INVOICE TOTAL 7,248.75



SOLD TO

BILL TO

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

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15 STATION RD

CROSS HILLS, KEIGHLEY

WEST YORKSHIRE, BD20 7DT

M5755

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Sales Order ID: Confirm To:

307696 STEPHEN NIXON

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Bill To Phone: Bill To Fax:

Ship Via:

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

INVOICE

Resale Number:

OEIT

Number

SEE NOTES

FOB: SHIPPING POINT

Collect Freight Terms:

NET 45 DAYS Terms:

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	
			2/24/2022	0.0000	0.00	N

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Invoice is Closed

INVOICE TOTAL INVOICE SUBTOTAL DISC AMT TAX AMT VAT AMT FREIGHT AMT 0.00