



INVOICE			
Date	Number	Type	Page
4/13/2022	353405	SO Invoice	1
Customer PO :		PVM2475	Currency Code:

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

M5755

Sales Order ID: 312489
Confirm To: STEPHEN NIXON
Attention:

Reference: **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-250K VIASYS DC CONNET MED.	EA	10.0000	68.25	
R125P11-001	R125P11-001	4/12/2022	10.0000	682.50	N

Serial Numbers:

HA93199111	HA93199110	HA93199109	HA93199108
010081777002102511220317	HA93199106	HA93199105	HA93199104
HA93199103	HA93199102		

Lot IDs:

HA93199

2	SENSOR, MAX-550E EXTERNAL MEDICAL	EA	20.0000	79.00	
R140P02	R140P02	4/12/2022	20.0000	1,580.00	N

Serial Numbers:

HC63199082	HC63199083	HC63199101	HC63199100
HC63199099	HC63199098	HC63199097	HC63199096
HC63199095	HC63199094	HC63199093	HC63199092
HC63199091	HC63199090	HC63199089	HC63199088
HC63199087	HC63199086	HC63199085	HC63199084

Lot IDs:

HC63199

3	SENSOR, MAX-125M OXYGEN MEDICAL	EA	18.0000	69.95	
R140P07-001		4/12/2022	18.0000	1,259.10	N

Serial Numbers:

HD43599019	HD43599018	HD43599017	HD43599016
HD43599015	HD43599014	HD43599013	HD43599012
HD43599011	HD43599010	HD43599009	HD43599008
HD43599007	HD43599006	HD43599005	HD43599004



INVOICE			
Date	Number	Type	Page
4/13/2022	353405	SO Invoice	2
Customer PO :		PVM2475	Currency Code:

SOLD TO

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

M5755

Sales Order ID: 312489
Confirm To: STEPHEN NIXON
Attention:

Reference: 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

HD43599003 HD43599002

Lot IDs:

HD43599

PLEASE USE CORRECT HTS CODE FOR PARTS ON ORDER!! IF YOU DON'T HAVE THEM GET FROM ROBERT.

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

"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
3,521.60						3,521.60