

SOLD TO

**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

Attention:

Reference:

Sales Order ID:

Confirm To:

Region:

Date

5/13/2022

Customer PO:

Order Class:

INVOICE

Type

SO Invoice

Sales Rep:

Page

VD

AW

1

R Order Entry:

**Currency Code:** 

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

Resale Number:

**OEIT** 

**Bill To Phone:** 

Bill To Fax:

Ship Via: FOB:

Number

355752

313741

STEPHEN NIXON

PVM2529

SEE NOTES
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 R300P02	EYEMAX2, PREEMIE 20 PAC	R300P02	PK 5/13/2022	500.0000 500.0000	34.23 17,115.00	N
	I <b>Ds</b> : 9767-5					
2	FREIGHT CHARGE		EA 5/13/2022	0.0000 0.0000	0.00 0.00	N

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 TOTAL	FREIGHT AMT	VAT AMT	TAX AMT	DISC AMT	DISC %	INVOICE SUBTOTAL
17,115.00						17,115.00