



INVOICE			
Date	Number	Type	Page
5/18/2022	355943	SO Invoice	1
Customer PO :		PVM2440	Currency Code:

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

M5755

Sales Order ID: 311597
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-250TM OXYGEN MOLEX MEDICAL	EA	1.0000	50.00	
R125P18-012		5/17/2022	1.0000	50.00	N

Serial Numbers:

HB31099001

Lot IDs:

HB31099

2	SENSOR OXYGEN, MAX-14 KORR CONNECTIONS	EA	10.0000	63.00	
R116P82-001	R116P82-001	5/17/2022	10.0000	630.00	N

Serial Numbers:

HB47103250	HB47103249	HB47103248	HB47103247
HB47103246	HB47103245	HB47103244	HB47103243
HB47103242	HB47103241		

Lot IDs:

108679

3	SENSOR, MAX-550E EXTERNAL MEDICAL	EA	20.0000	79.00	
R140P02	R140P02	5/17/2022	20.0000	1,580.00	N

Serial Numbers:

HD86999057	HD86999056	HD86999055	HD86999054
HD86999053	HD86999052	HD86999051	HD86999050
HD86999049	HD86999048	HD86999047	HD86999046
HD86999045	HD86999044	HD86999043	HD86999042
HD86999041	HD86999040	HD86999039	HD86999038

Lot IDs:

HD86999



INVOICE			
Date	Number	Type	Page
5/18/2022	355943	SO Invoice	2
Customer PO :		PVM2440	Currency Code:

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

M5755

Sales Order ID: 311597
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
4	FREIGHT CHARGE	EA	0.0000	0.00	
		5/17/2022	0.0000	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 SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
2,260.00						2,260.00