



INVOICE			
Date	Number	Type	Page
6/29/2022	358177	SO Invoice	1
Customer PO :		PVM2618	Currency Code:

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

M5755

Sales Order ID: 315529
Confirm To: STEPHEN NIXON
Attention:

Reference: 79885315529 **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	EYEMAX2, PREEMIE 20 PACK	PK	500.0000	34.23	
R300P02	R300P02	6/29/2022	500.0000	17,115.00	N
Lot IDs:					
049767-8					
2	FREIGHT CHARGE	EA	0.0000	0.00	
		6/29/2022	0.0000	0.00	N
3	INTERNATIONAL BANK FEE	EA	1.0000	25.00	
		6/29/2022	1.0000	25.00	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:

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INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT
17,140.00					

INVOICE TOTAL
17,140.00