

**SOLD TO** 

**BILL TO** 

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

VIAMED

15 STATION RD

CROSS HILLS, KEIGHLEY

WEST YORKSHIRE, BD20 7DT

M5755

M5755

Attention:

Reference:

Sales Order ID:

Confirm To:

Region:

Date

7/20/2022

Customer PO:

80616315458

315458

STEPHEN NIXON

358997

PVM2569

Order Class: R

Type

SO Invoice

Order Entry:

Sales Rep:

**Currency Code:** 

AW

0.00

0.00

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VD

Page

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Bill To Phone: Bill To Fax:

**OEIT** 

Number

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

0.0000

0.0000

Resale Number:

Ship Via: FOB:

Freight Terms:

SEE NOTES

INVOICE

SHIPPING POINT

Collect

....

**NET 45 DAYS** Terms: LINE DESCRIPTION U/M ORDER QUANTITY **UNIT PRICE** DISC PART ID **CUSTOMER PART ID** SHIP DATE SHIPPED QUANTITY **EXTENSION** TAX EYEMAX2, REGULAR 20 PACK PΚ 200.0000 1 35.70 7,140.00 R300P01 R300P01 7/20/2022 200.0000 Ν Lot IDs: 049766-4 2 EYEMAX2, PREEMIE 20 PACK PΚ 200.0000 34.23 R300P02 R300P02 7/20/2022 200.0000 6,846.00 Ν Lot IDs: 049767-9 EYEMAX2, MICRO 20 PACK 3 PΚ 100.0000 30.98 R300P03 R300P03 7/20/2022 100 0000 3,098.00 N Lot IDs:

FΑ

7/20/2022

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

 ${\tt PLEASE \ SEND \ ALL \ UPS \ NOTIFICATIONS \ TO \ cathy.green@viamed.co.uk. \ THANK \ YOU.}$ 

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

FREIGHT CHARGE

049768-4

\*\*\*\*\* 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.



## **SOLD TO**

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

M5755

**BILL TO** 

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

Sales Order ID: 315458
Confirm To: STEPHEN NIXON

Attention:

Date

7/20/2022

Customer PO:

 $\label{eq:Reference: Non-Sales Rep: VD} \textbf{Reference: } 80616315458 \qquad \qquad \textbf{Sales Rep: } VD$ 

**INVOICE** 

Type

SO Invoice

**Currency Code:** 

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Region: OEIT Order Class: R Order Entry: AW

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

Resale Number:

Number

358997

PVM2569

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

Quality Inspection Approval Stamp and Signature:

INVOICE SUBTOTAL DISC % DISC AMT TAX AMT VAT AMT FREIGHT AMT

17,084.00

INVOICE TOTAL

17,084.00