



Posey®

5635 Peck Road
Arcadia, CA 91006
T (800) 447-6739
F (626) 443-5014
www.posey.com

Quote Number: Q04692

PO No: PVM1074

Order Date: 02-27-20

Page No: 1

Bill To: 8954
VIAMED LTD
15 STATION RD CROSS HILLS
KEIGHLEY W YORKSHIRE BD20 7DT
UNITED KINGDOM
United Kingdom

Ship To: 8954*S001
VIAMED LTD
15 STATION RD CROSS HILLS
KEIGHLEY W YORKSHIRE BD20 7DT
UNITED KINGDOM
United Kingdom

Sales Rep	Ship Via	Freight Terms			
97 EUROPE SALES	MISCELLANEOUS	3RD PTY/RECVR/			

Ln Item/Part No Number	Order Qty	Order UM	Unit Price	Extended Price
1 4648 08 POSEY REMOVABLE "ID" BRACELET - INFANT	** + 5	200 DZ	DZ	8.16 1632.00
2 6554 08 POSEY OXIMETER PROBE WRAP	** + 5	1440 DZ	DZ	6.33 9115.20
3 8141 08 POSEY IV SHIELD	** + 5	10 DZ	DZ	14.58 145.80
4 8168P 08 SECURE SLEEVE PEDIATRIC	** + 5	10 EA	EA	12.43 124.30

SELLER HEREBY NOTIFIES BUYER THAT IT SHALL HAVE
UNTIL THE EXPIRATION OF CURRENT PRICING DATE TO
ACCEPT THIS PROFORMA INVOICE IN WRITING AT THE
TERMS AND CONDITIONS LISTED BELOW. NOTE: PRICES
ARE SUBJECT TO CHANGE WITHOUT NOTICE.

IN THE EVENT THE BUYER DOES NOT ACCEPT THIS
PROFORMA INVOICE WITHIN THE ABOVE SPECIFIED
TIME-FRAME, SELLER SHALL HAVE THE RIGHT TO CHANGE
ANY/ALL OF THE ABOVE TERMS. BUYER SHALL HAVE NO
RECOURSE AGAINST SELLER FOR ANY CHANGE IN TERMS IF
BUYER HAS NOT COMPLIED WITH ALL OF THE TERMS AND
CONDITIONS AND BUYER SHALL HOLD SELLER HARMLESS
OF LOSS, INJURY OR DAMAGE BUYER MAY HAVE INCURRED
DUE TO FAILURE TO COMPLY.

ALL PAYMENTS MUST BE MADE IN US DOLLARS. ALL
SALES TAXES, TARIFF, CUSTOM AND FREIGHT CHARGES

**=Delivery dates relative to quote acceptance date

If buyer submits a claim or request for Medicare or Medicaid payment for products purchased under this invoice, buyer is responsible for fully and accurately reporting to the applicable government agencies in an effective manner all discounts, rebates, incentive payments, bonuses and the like applicable to such products, including those reflected herein and others may apply.



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AND OTHER GOVERNMENTAL CHARGES SHALL BE PAID BY BUYER AND ARE BUYER'S RESPONSIBILITY. . THIS PROFORMA INVOICE IS BEING PROVIDED FOR THE PURPOSE OF PRODUCT IDENTIFICATION, TERMS AND CONDITIONS OF SALE AND CONFIRMATION AND IN NO WAY SHALL BE DEEMED AS SELLER'S ACCEPTANCE OF ANY ORDER. SELLER'S RIGHT TO CANCEL: SELLER RESERVES THE RIGHT TO CANCEL THIS ORDER FOR "JUST CAUSE" AT ANY TIME PRIOR TO ACCEPTANCE OF ANY PAYMENT FROM BUYER . EFFECTIVE DATES: PRICES ARE EFFECTIVE JANUARY 1st THROUGH DECEMBER 31st OF THE CURRENT YEAR. SHIPPING TERMS: FOB SHIPPING POINT: ARCADIA, CALIFORNIA, USA. MINIMUM ORDER: ANY QUANTITY ORDER IS ACCEPTABLE. HANDLING FEE: A HANDLING FEE OF \$49.95 WILL APPLY TO EACH ORDER THAT TOTALS \$999.99 OR LESS. PAYMENT TERMS: NET 60 DAYS, SUBJECT TO CREDIT APPROVAL OR RECEIVE AN ADDITIONAL 10% DISCOUNT ON PREPAID ORDERS (HANDLING & FREIGHT EXCLUDED) WHEN ALL PREVIOUS INVOICES ARE PAID IN FULL WITH A \$0 ACCOUNT BALANCE. LATE FEE: 1 1/2% PER MONTH, 18% PER YEAR ASSESSED ON PAST DUE NOTICES. SHORTAGES/ERRORS: NOTIFICATION OF ANY SHORTAGES OR INCORRECT SHIPMENTS MUST BE MADE WITHIN TEN (10) DAYS OF DATE OF INVOICE. PACKAGING: PRODUCT MAY BE PACKAGED BY PAIR, DOZEN, SET, OR DOZEN PAIR, etc. REFER TO THE APPROPRIATE				

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UNIT OF SALE COLUMN FOR ITEM PACKAGING.

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Total \$11,017.30

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