



LETSMED LIMITED / TAX NO.:60961301

MSH4844 ROOM 1007, 10/F HO KING CTR NO. 2-16 FA YUEN ST., P.R. CHINA
T(+86 021) 6094 3001 F(+86 021) 6094 3002 E zj@lets-med.com W www.lets-med.com

PROFORMA INVOICE

BUYER / NOTIFY PARTY / CONSIGNEE:

DISTRIBUIDORA CONTINENTAL 6 S.A.
CALLE LUIZ GALVANI, 498, LIMA 03, PERU

Tel: 5112117500

Fax: null

P.I. INVOICE NO:

DATE: 2015/03/09

OUR ORDER NO: 10**TERMS:****SHIPMENT:**

Mark & NO	Commodity & Description	Quantity	Unit Price (USD)	Amount (USD)	Volume (CBM)
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TOTAL

1000

654.300000

0.00

(NOTE: CONDITIONS ARE VALID WITHIN 6 WEEKS FROM PROFORMA'S ISSUE DATE)

Brand: Port of Landing: Port of Destination: Payment Conditions: Insurance: Delivery Date: <small>(NOTE: DELIVERY TIME IS ESTIMATED SINCE PAYMENTS, L/C ACCREDITATION AND ANY OTHER NECESSARY ELEMENTS FOR THE PRODUCTION, SUCH AS ARTWORKS, SHIPPING MARKS, ETC. OF THE GOODS HAS BEEN COMPLETELY CONFIRMED AND REMITTED OR CONFIRMED BY THE CUSTOMER)</small>	TRANSFER DETAILS Beneficiary: LETSMED LIMITED MSH4844 ROOM 1007, 10/F HO KING CTR NO. 2-16 FA YUEN ST., P.R. CHINA TEL: 0086-21-60943001 Bank Account: BANK OF COMMUNICATIONS CO., LTD OFFSHORE BANKING UNIT BANK ADDRESS: NO 188, YINCHENG ZHONG ROAD, SHANGHAI, CHINA SWIFT CODE: COMMCN3XOBU BANK ACCOUNT: OSA90000060488100
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