

DISPATCH CHALLAN

Q2021221543 / O2021221445 / C2021221993

Bill to:

Organic Poag LLc.

1300 Westpark Drive Suite 7

Little Rock, Arkansas

72204, United States

Email: galacruise@aol.com

Mr Dan

Ship to:

DBA-MY MEDICAL SUPPLY

1300 Westpark Drive Suite 7

Little Rock, Arkansas

72204, United States

contact no:(501) 258-7100

Contact Person:Laura Lusinger

Email:Laura@mymedicalsupply.Com

Challan No.	C2021221993	Invoice No:							
Challan Date.	March, 09, 2022	Invoice Date:							
Customer Id:	1277	Method Of Shipment:	UPS						
Order No:	O2021221445	Date Of Shipment:							
Sales Person:	Operations	Docket No:							
Dispatched From:	Allahabad	SB Number:							
Terms of Delivery : 4 - 6 weeks from order confirmation		Terms of Payments : 100% advance							
Terms & Conditions : freight, customer account UPS		Special Information :							
S.N.	Product Description	HSN	Unit	Qty	Rate	Batch No	Mfg Dt./Exp Dt.	Discount/Unit	Net Amount
1	Eye Drop Hypromellose Ophthalmic Solution, 10ml	90185090	Boxes	1000	2.5	22AV001/01	02-2022/01-2024	0	2500
Net Total									\$ 2500
Freight Charges									\$ 0
Grand Total									\$ 2500

Doc No. TE/F-7.5-07 For Tarun Enterprises | BANK AD CODE: 0410003-2900009

Prepared by Operations | Packed by

Remit to:

Payment :	100% T/T(wire)	Bank Details for :	(USD)
Beneficiary's Name :	Tarun Enterprises	Account No. :	111963700000179
Bank Name :	Yes Bank Limited (USD)	SWIFT Code :	YESBINBBDEL
Bank Address :	Yes Bank Limited, 17/15/1 Maharishi Dayanand Marg, Thornhill Road, Civil Lines, Allahabad 211001, UP, India		

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises

Order Processing Team

This is a computer-generated document. No signature is required.