

Order In Process

Q2020211885 / O2020211952

Exporter: TARUN ENTERPRISES H.O.: 8/8 Strachy Road, Allahabad - 211001, UP. INDIA Phone: +91 532 6590204 Email: info@optitecheyecare.com GST No: 09ACBPJ0823B1ZA Drug Licence: ALLD/5/21B/385,ALLD/5/20B/388 Dt. 06.05.2008			Order No: O2020211952			Order Date: November, 24, 2020		
			Issued From: Allahabad			Currency: INR		
			Insurance:			Generated by: Tarun Jaggi		
Customer(Bill to): Segal Optiks Poornima Apartments Opp. Films Division 23 Peddar Road Near Jaslok Hospital Mumbai, Maharashtra 400026, India Mobile: 022-23517369, 9987040977 Email: csegal25@yahoo.com Dr Chetan Segal			Consingee(Ship to): Segal Optiks Poornima Apartments Opp. Films Division 23 Peddar Road Near Jaslok Hospital Mumbai, Maharashtra 400026, India Mobile: 022-23517369, 9987040977 Email: csegal25@yahoo.com Dr Chetan Segal					
Terms of Delivery:			Terms of Payments:					
Terms & Conditions:								
Special instruction:								
S.N.	Product Description		HSN-GST	Qty	Unit	Rate	Discount/Unit	Net Amount
1	A4 Sheet Magnifier Low Vision Device A4 Sheet magnifier.		90021100 18 %	2	Pcs	576.2712	115.2542	922.03
Net Total								₹ 922.03
Freight Charges								₹ 50.00
GST @ 18%								₹ 174.97
Grand Total								₹ 1147.00

Greetings!

Thank you for your valued order. Same is under process. We request you to please check all the details as above and arrange payment as per banking details below. In case you wish to use online payment , please use our payment gateway at our website

www.optitecheyecare.com/payment.php .

Remit to:

Payment : 100% T/T(wire)

Beneficiary's Name : Tarun Enterprises

Bank Name : Standard Chartered Bank (Rupee)

Bank Address : Hotel UR Complex, 7/3 A/1 MG Marg, Civil Lines, Allahabad 211001, UP, India

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises

Bank Details for : (INR)

Account No. : 62505001845

IFSC Code : SCBL0036044

Order Processing Team

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