

Quotation / Performa Invoice

Q1437

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				Quotation No: Q1437		Quotation Date: January, 24, 2020	
				Issued From: Allahabad		Currency: USD	
				Insurance: As per actuals, to be borne by the customer.		Sales Person: Care	
Customer(Bill to): Landmark Distributors P.o. Box 5622 Agana Guam 96932, United States Mobile: 671-646-6875, (02)958-3531/ 09171794960 Email: landmarkmedicaljanet@yahoo.com Ms Janet Cea				Consingee(Ship to): Landmark Distributors C/O Triple B 1511 Glenn Curtiss St. Carson California 90746, United States Mobile: 671-646-6875, (02)958-3531/ 09171794960 Email: landmarkmedicaljanet@yahoo.com Ms Janet Cea			
Terms of Delivery: Against Purchase Order				Terms of Payments: 100% Advance Payment			
Terms & Conditions:							
Special instruction: Bills & Duties as per actuals, to be borne by the customer.							
Sl No	Product Description	HSN	Qty	Unit	Rate	Discount/Unit	Net Amount
1	FL 100 (CE) Fluorescein Sodium Ophthalmic strip 1mg USP box of 100 strip.	90185090	1	Boxes	8	0	8
Net Total							\$ 8
Freight Charges							\$ 75
Grand Total							\$ 83

Thank you for your interest in our range of equipment / supplies. We with pleasure offer the quotation as above for your kind consideration. We shall be happy to answer any of your questions in this regard. Banking details are as below.

Remit to:

Payment : 100% T/T(wire)

Beneficiary's Name : TARUN ENTERPRISES

Bank Name : AXIS BANK LTD

Bank Address : 28B CIVIL STATION MG MARG CIVIL LINES ALLAHABAD

Bank Details for : (USD)

Account No. : 914020052016222

SWIFT Code : AXISINBB286

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises

Note - This quotation is valid up to 09-03-2020 | Document created by - Care
This is a computer-generated document. No signature is required.