

## Quotation / Performa Invoice

**Q825**

<b>Exporter:</b> <b>TARUN ENTERPRISES</b> 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	<b>Quotation No:</b> Q825	<b>Quotation Date:</b> September, 24, 2019					
	<b>Issued From:</b> Allahabad	<b>Currency:</b> USD					
	<b>Insurance:</b> [] customer account	<b>Sales Person:</b> Tarun Jaggi					
<b>Customer(Bill to):</b> <b>Gene Medicals Sh. P. K. Njesa Depo</b> Azem Galica P. N Prizren 20000, Kosovo, Republic of Email: efarmax@gmail.com Mr Edon	<b>Consingee(Ship to):</b>						
<b>Terms of Delivery:</b> [] normally in stock, depends on qty of order	<b>Terms of Payments:</b> [] advance						
<b>Terms &amp; Conditions:</b> [] freight cost as per actual							
<b>Special instruction:</b>							
<b>Sl No</b>	<b>Product Description</b>	<b>HSN</b>	<b>Qty</b>	<b>Unit</b>	<b>Rate</b>	<b>Discount/Unit</b>	<b>Net Amount</b>
1	<b>Opti Fl 10%</b>   Ophthalmic Solution   Fluorescein Sodium Injection 10%   box of 10 ampules of 5 ml each.	30063000	10	Boxes	10	0	100
<b>Net Total</b>							\$ 100
<b>Freight Charges</b>							\$ 0
<b>Grand Total</b>							<b>\$ 100</b>

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 08-11-2019 | Document created by - admin  
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