

### Quotation / Performa Invoice

**Q504**

<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> Q504	<b>Quotation Date:</b> July, 22, 2019					
	<b>Issued From:</b> Allahabad	<b>Currency:</b> USD					
	<b>Insurance:</b> Customer Account	<b>Sales Person:</b> Nikita					
<b>Customer(Bill to):</b> <b>Ronald Wallace</b> 200 Yoakum Pkwy Apt 403 Alexandria Va 22304-3756 Virginia , United States Email: kemmie16@hotmail.com Mr Ronald Wallace	<b>Consingee(Ship to):</b> <b>Ronald Wallace</b> 200 Yoakum Pkwy Apt 403 Alexandria Va 22304-3756 Virginia , United States Email: kemmie16@hotmail.com Mr Ronald Wallace						
<b>Terms of Delivery:</b> Goods in Ready Stock	<b>Terms of Payments:</b> Advance 100 %						
<b>Terms &amp; Conditions:</b> Fedex Door to Door Delivery							
<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>SCH MB 100</b>   Schirmer Tear Test Ophthalmic strip SCH MB 100   box of 100 strip.	90185090	10	Boxes	7.5	0	75
<b>Net Total</b>							\$ 75
<b>Freight Charges</b>							\$ 60
<b>Grand Total</b>							<b>\$ 135</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 05-09-2019 | Document created by - admin  
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