

TARUN ENTERPRISES

H.O.: 8/8, Strachy Road, Allahabad - 211001, U.P., INDIA
Phone : +91 8176080204
e-mail: info@optitecheyecare.com, info@ophthalmic.in
GSTIN: 09ACBPJ0823B1ZA
Drug Licence No. ALLD/5/21B/385, ALLD/5/20B/388 Dt. 06.05.2008

Quotation / Performa Invoice

Q734

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: Q734	Quotation Date: September, 05, 2019					
	Issued From: Allahabad	Currency: USD					
	Insurance: Customer Account	Sales Person: Nikita					
Customer(Bill to): Muttrah Pharmacy Llc Door No. 817 Building No. 815 Opposite Muscat Municipality Main Gate Darsait/sultanate Of Oman, Oman Mobile: +968 24797148/49 Email: mutpharm@gmail.com Mr Hassan Mohamed Ali	Consingee(Ship to): Muttrah Pharmacy Llc Door No. 817 Building No. 815 Opposite Muscat Municipality Main Gate Darsait/sultanate Of Oman, Oman Mobile: +968 24797148/49 Email: mutpharm@gmail.com Mr Hassan Mohamed Ali						
Terms of Delivery: 2nd week of march 2020	Terms of Payments: 100 % Advance						
Terms & Conditions: The Commercial Invoice must state the product Batch No., Manuf & Expiry Dates, H.S. Code (Custom Tariff No.), Gross weight of the consignment, Number of cartons, name of Manufacturer, Country of origin and our Order No. & Date. Invoice should also state the quantity in each Batch. Each Export carton must carry the Sticker stating the name of Product in detail, Batch No., Manufacture & Expiry Dates, Name of the Manufacturer, Country of origin & Quantity of contents in each carton with the respective Batch numbers. Packing list should also state the quantity & Batch Nos. in each carton without fail							
Special instruction:							
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	493	Boxes	5.5	0	2711.5
Net Total							\$ 2711.5
Freight Charges							\$ 0
Grand Total							\$ 2711.5

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

Quotation / Performa Invoice

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Note - This quotation is valid up to 20-10-2019 | Document created by - admin

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