TARUN ENTERPRISES	
H.O. : 8/8, Strachy Road, Allahabad -211001, U.P. India	
Phone : +91 532 6590204	
B.O. : A96/1, Second Floor, Phase II, Mayapuri Industrial Area	
New Delhi-110064, Ph.; 011-47070362	
e-mail: info@optitecheyecare.com	

Quotation / Performa Invoice   **Q00005**

Exporter:	Quotation No:	Quotation Date:
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	Q00005	21-03-2019
	Issued From: Allahabad	**Currency:** USD
	Insurance: - customer account	**Generated by:** Tarun Jaggi

Customer(Bill to):	Consingee(Ship to):
Global Enterprises 428 Nayatola, Maghbazar Dhaka Dhaka 1217 Bangladesh Email: globalent1177@gmail.com Mr KATM Zalaria	**Global Enterprises** 428 Nayatola, Maghbazar Dhaka Dhaka 1217 Bangladesh Email: globalent1177@gmail.com Mr KATM Zalaria

Terms of Delivery: - normally 45 days from confirmed order, fresh batch prepartion	Terms of Payments:

Terms & Conditions: - 50% along with order, balance before shipment of goods.

Special instruction: - freight charges shall be actual.

Sl No	Product Description	HSN	Qty	Unit	Rate	Disc(Per Unit)	Net Amount
1	**Opti Fl 20%** | Ophthalmic Solution | OptiFL 20% Fluorescein Sodium Injection IP 20% | 10 ampules per box |	30063000	500	Boxes	8.0000	0.0000	4000.00
						Net Total	$ 4000.00
						Freight Charges	$ 0.00
						Grand Total	**$ 4000.00**

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. Please note, all banking charges shall be paid by the buyer.

Remit to:

Payment :	100% T/T(wire)
Bank Details for :	(USD)
Beneficiary's Name :	TARUN ENTERPRISES
Account No. :	914020052016222
Bank Name :	AXIS BANK LTD
Bank Address :	28B CIVIL STATION MG MARG CIVIL LINES ALLAHABAD
SWIFT Code :	AXISINBB286