

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

Q2021221468

Exporter: TARUN ENTERPRISES	Quotation No: Q2021221468	Quotation Date: October, 29, 2021				
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	Issued From: Allahabad	Currency: USD				
	Insurance: customer account	Sales Person: Tarun Jaggi				

Customer(Bill to):Consingee(Ship to):Titan Healthcare LimitedTitan Healthcare Limited336 Mahurangi East Road336 Mahurangi East RoadSnells BeachSnells BeachAucklandAuckland0920, New Zealand0920, New ZealandMobile: 640212340563Mobile: 640212340563

Mobile: 640212340563

Email: cam@titanhealth.co.nz

Mr Sirs / Madam

Mobile: 640212340563

Email: cam@titanhealth.co.nz

Mr Sirs / Madam

Terms of Delivery: Delivery after 15th November Terms of Payments: 100% Advance

Terms & Conditions:

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	24	Boxes	6.5	0	156
2	SCH 100 Box Schirmer Tear Test Ophthalmic strip SCH 100 box of 100 strip.	90185090	6	Boxes	8.5	0	51
3	FL 300 (CE) Fluorescein Sodium Ophthalmic strip 1mg box of 300 strips.	90185090	12	Boxes	16	0	192
4	LIS 100 Lissamine Green Ophthalmic Strip 1.5 mg box of 100 strips.	90185090	6	Boxes	8	0	48
5	RB 100 Rose Bengal Ophthalmic strip 1.5 mg box of 100 strips.	90185090	6	Boxes	8	0	48
Net Total							\$ 495
Freight Charges							\$ 180
Grand Total							\$ 675

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) **Bank Details for:** (USD)

Beneficiary's Name :Tarun EnterprisesAccount No. :111963700000179Bank Name :Yes Bank Limited (USD)SWIFT Code :YESBINBBDEL

Bank Address: Yes Bank Limited, 17/15/1 Maharishi Dayanand Marg, Thornhill Road, Civil Lines, Allahabad 211001, UP,

India

Bank remittance charge shall be paid by payer(buyer)



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

Q2021221468

For Tarun Enterprises

Note - This quotation is valid up to 13-12-2021 \mid Document created by - domestic This is a computer-generated document. No signature is required.