

Quotation / Performa Invoice

Q2021221543

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: Q2021221543	Quotation Date: November, 12, 2021					
	Issued From: Allahabad	Currency: USD					
	Insurance: customer account	Sales Person: Tarun Jaggi					
Customer(Bill to): My Medical Supply 1300 Westpark Drive Suite 7 Little Rock, Arkansas 72204, United States Email: galacruise@aol.com Mr Dan	Consignee(Ship to): My Medical Supply 1300 Westpark Drive Suite 7 Little Rock, Arkansas 72204, United States Email: galacruise@aol.com Mr Dan						
Terms of Delivery: 4 - 6 weeks from order confirmation	Terms of Payments: 100% advance						
Terms & Conditions: freight, customer account UPS							
Special instruction:							
Sl No	Product Description	HSN	Qty	Unit	Rate	Discount/Unit	Net Amount
1	Eye Drop Hypromellose Ophthalmic Solution, 10ml	90185090	1000	Boxes	2.5	0	2500
Net Total							\$ 2500
Freight Charges							\$ 0
Grand Total							\$ 2500

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:		Bank Details for :	(USD)
Payment :	100% T/T(wire)	Account No. :	111963700000179
Beneficiary's Name :	Tarun Enterprises	SWIFT Code :	YESBINBBDEL
Bank Name :	Yes Bank Limited (USD)		
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)

For Tarun Enterprises

Note - This quotation is valid up to 27-12-2021 | Document created by - admin
This is a computer-generated document. No signature is required.