

Exporter: TARUN ENTERPRISES Phone:		Order No: O			<b>Order Date:</b> January, 01, 1970	
Email: GST No:		Issued From:			Currency:	
		Insurance	:		Generated by:	
Customer(Bill to):	Consingee	Consingee(Ship to):				
Terms of Delivery:	Terms of F	Terms of Payments:				
Terms & Conditions:						
Special instruction:						
S.N. Product Description	HSN	Qty	Unit	Rate	Discount/Unit	Net Amount
-	-	=			Net Total	₹ 0.00
			Freight Charges			
					Grand Total	₹ 0.00

## Greetings!

Thank you for your valued order. Same is under process. We request you to please check all the details as above and arrange payment as per banking details below. In case you wish to use online payment , please use our payment gateway at our website <a href="https://www.optitecheyecare.com/payment.php">www.optitecheyecare.com/payment.php</a> .

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Remit to:

**Payment :** 100% T/T(wire) **Bank Details for :** 

Beneficiary's Name : Account No. :

Bank Name : Bank Address :

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises

Order Processing Team

This is a computer-generated document. No signature is required.