

### **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

Order No:

Drug Licence No. ALLD/5/21B/385, ALLD/5/20B/388 Dt. 06.05.2008

#### Order In Process

Exporter:

# Q2021220413 / O2021220676

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	O2021220676	July, 01, 2021			
	Issued From: Allahabad	Currency: USD			
	Insurance:	<b>Generated by:</b> Tarun Jaggi			
Customer(Bill to):	Consingee(Ship to):				
Oftalmica Vering	SENDEXPORT LLC				
Calle Goya # 611 Colonia Prados Providencia.	At, Brenda CAVAZOS				
Guadalajara Zip Code: 44670	1352 E 1st Suite J, Mission Tx,				
44670,Mexico	78572, USA				

Mobile: +52 33 36140405, +52 1 33 26374921

Email: importaciones\_vering@hotmail.com

Ms Monica Mirausquin Martinez

United States of America Attn:Brenda Cavazos
Phone:956 5985888

As Monica Mirausquin Martinez Phone:956 5985888
Email:Brenda.Sendexport@gmail.Com

Terms of Delivery: Terms of Payments:

Terms & Conditions: 30% extra freight for DHL issues (\$ 320)

**Special instruction:** 

Special instruction.								
S.N.	Product Description	HSN	Qty	Unit	Rate	Discount/Unit	Net Amount	
1	SCH 100 Box   Schirmer Tear Test Ophthalmic strip SCH 100   box of 100 strip.	90185090	20	Boxes	7.0000	0.0000	140.00	
2	Carbakol 1ml vial (NC)   Ophthalmic Solution   Carbakol UPS 0.01% w/v   box of   neutral code.	30042019	30	Boxes	10.0000	0.0000	300.00	
3	Opti Fl 10%   Ophthalmic Solution   Fluorescein Sodium Injection 10%   box of 10 ampules of 5 ml each.	30063000	100	Boxes	12.0000	0.0000	1200.00	
Net Total							\$ 1640.00	
Freight Charges							\$ 565.00	
						<b>Grand Total</b>	\$ 2205.00	

### 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>.

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)

For Tarun Enterprises

Order Processing Team



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