

PanSW Med Corp

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PROFORMA INVOICE

NO.:*****
DATE: *****

Consignee: *****

Address: *****
Post code:*****

TEL: *****
FAX: *****

ITEM	DESCRIPTION	Unit Price (USD)	Amount (SET)	Price (USD)
1	ECG cable	18.00	5	90.00
2	spo2 sensor	18.00	5	90.00
3	nibp cuff	4.00	5	20.00
4	temperature probe	9.00	5	45.00
5	nibp connector	2.50	5	12.50
2	Shipment by DHL express; ****USD for the first 500 grams; ****USD for each additional 500 grams	40.00	1	40.00
3	bank fee (30USD per sum)	30.00	1	30.00
TOTAL			27	327.50

SAY THAT TOTAL THREE HUNDRED AND TWENTY SEVEN AND FIFTY CENTS US DOLLARS ONLY

FOR AND ON BEHALF OF SELLER

FOR AND BEHALF OF BUYER

Payment terms: 100% in advance by bank transfer:

Bank information:

Bank Name: *****

A/C NO.:*****

SWIFT Code: *****

Bank Code: *****

Beneficiary: PANSW MED CORP LIMITED

Add: *****