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# INVOICE

1枚目 / 1 枚中

インボイス作成日 (Date) : 2023 / 04 / 18

**作成地 (Place) :** Tokyo

|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ご依頼主 (Sender):</b><br/> Vibex Pharmaceutical Official Mall (Vibex Seiyaku)<br/> Vibex Pharmaceutical Official Mall<br/> Time 24 Building<br/> 2-4-32 Aomi<br/> Koto-ku<br/> Tokyo<br/> 135-0064, JAPAN</p> <p>TEL +82-70-8094-1892                      FAX</p>                        | <p><b>郵便物番号 (Mail Item No.):</b> EN250867712JP</p> <p><b>送達手段 (Shipped Per) :</b> E M S</p> <p><b>支払い条件 (Terms of Payment):</b></p> <p><b>備考 (Remarks):</b><br/> <input type="checkbox"/> 有償 (Commercial value)<br/> <input checked="" type="checkbox"/> 無償 (No Commercial value)<br/> <input type="checkbox"/> 贈物 (Gift)   <input type="checkbox"/> 商品見本 (Sample)   <input type="checkbox"/> その他 (Other)</p> |
| <p><b>お届け先 (Addressee):</b><br/> Hyunjong Kim<br/> Hyunjong Kim<br/> 1555, Daedeok-daero, Daedeok-gu, Daejeon<br/> Metropolitan City (Seokbong-dong, Geumgang Exlu<br/> Tower) Building 108, Room 1801<br/> 34304, KOREA</p> <p>TEL 010-9238-9714                      FAX 010-9238-9714</p> | <p>Invoice No.</p>                                                                                                                                                                                                                                                                                                                                                                                            |

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F.O.B. JAPAN

郵便物の個数 (Number of pieces) :

**総重量** (Gross weight) g

**署名(Signature)**

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