

- 【送り状の有効期間について】

**Customs declaration: – Please enclose in the pouch**

# INVOICE

1枚目/1枚中

インボイス作成日 (Date) : 2022 / 08 / 01

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> EN202474049JP</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>Invoice No.</b></p> |
| <p><b>お届け先 (Addressee):</b><br/>JeongHansol<br/>JeongHansol<br/>1403, 105-dong, 175<br/>Daeheung-ro, Mapo-gu, Seoul (Daeheung-dong, Sinchon Grand Xai)<br/>04105, KOREA</p> <p>TEL 010-5817-7417                      FAX 010-5817-7417</p>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                      |

[illegible]

F.O.B. JAPAN

郵便物の個数 (Number of pieces) :

**総重量** (Gross weight) g

**署名 (Signature)**

[illegible]