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|  | | NOVOGENE CORPORATION INC 2921 Stockton Blvd. Suite 1810 Sacramento, CA 95817 Tel: 916-252-0068(toll free), Fax: 916-252-0068 www.novogene.com | | <h1>INVOICE</h1> | |
| Bill To: | | Invoice Number: | | P240500175 | |
| Km 9.6 Lib. Norte Carr. Irapuato-León Mexico 33684 | | Invoice Date: | | 2024-05-30 | |
| | | Payment Terms: | | 30 | |
| | | Invoice Due Date: | | 2024-06-29 | |
| Ship To: | | Contract Number: | | H202SC24055750 | |
| Av. Instituto Politécnico Nacional 2508 Col. San Pedro Zacatenco C.P. 07360 México, D.F. Apartado postal 14-740, 07000 México, D.F. | | PO Number: | | | |
| | | Contact Method: | | rafael.montiel@cinvestav.mx | |
| | | Serial No: | | NVUS2024050358 | |
| Product Type: | | Life Science Service | | | |
| Item | Service Description | Qty | Unit Price | Amount | |
| 1 | NGS Service | 1.00 | 6,388.00 | 6,388.00 | |
| TOTAL AMOUNT (USD) | | | | 6,388.00 | |
| In order to ensure proper credit to your account, please reference INVOICE numbers with your payment. Check payment won't be accepted for Non-US or Non-Canada customers. | | | | | |
| Terms and Conditions : 1. Check can be accepted. 2. No other bank charge should be deducted from the total amount. 3. If payment is not received by the due date, interest shall accrue on all unpaid amounts at the rate of 1.5% per month. 4. Please include your invoice# and quote# with your payment. | | | | | |
| Novogene Corporation Inc 2921 Stockton Blvd. Suite 1810 Sacramento CA 95817 | | | | | |
| Check address : Attn: Accounts Receivable Novogene Corporation, Inc. P.O. Box 278642 Sacramento, CA 95827-8642 | | | | | |
| Wire Transfer To: | | For and on behalf of | | | |
| Bank Name: East West Bank Bank Address: 9300 Flair Drive, 4th Fl. El Monte, CA 91731 Name of Account: NOVOGENE CORPORATION INC ABA Number: 322070381 Swift Code: EWBKUS66 Account Number: 8088008480 | | NOVOGENE CORPORATION INC : | | | |
| | |  | | | |
| | | ***** <i>Authorized Signature(s)</i> | | | |
| *No other bank charge should be deducted from the total amount. Please note that all the remittance information should be EXACTLY THE SAME as indicated above. Thanks for your kind cooperation. | | | | | |
| Should you have any enquiries concerning this invoice, please contact SacAR@novogeneusa.com | | | | | |

