

## COMMERCIAL INVOICE

<b>EXPORTER :</b> <b>Tax ID# :</b> <b>Contact Name :</b> Sanara MedTech <b>Telephone No. :</b> 8175292300 <b>E-Mail :</b> ap@sanaramedtech.com <b>Company Name/Address :</b> Wound Care Innovations 1200 Summit Ave. Ste. 414  Fort Worth TX 76102 <b>Country/Territory :</b> United States <b>Parties to Transaction:</b> <input type="checkbox"/> Related <input type="checkbox"/> Non-Related  <b>Payment Terms :</b>  <b>Purpose of Shipment :</b> Commercial	<b>Ship Date :</b> 22 Mar, 2024  <b>Air Waybill No. / Tracking No. / Bill of Lading :</b> 775653848780  <b>Invoice No. :</b> <b>Purchase Order No. :</b>																				
<b>CONSIGNEE :</b> <b>Tax ID# :</b> <b>Contact Name :</b> ATT. AHAMED AZIZ-4TH FL.RM#1 <b>Telephone No. :</b> 97455863910 <b>E-Mail :</b> <b>Company Name/Address :</b> TRIOSCARE WLL CONCORDE BUSINESS CENTRE,BLDG#38 AL RAWABI ST.ST.NO 840,ZONE #24  DOHA <b>Country/Territory :</b> Qatar	<b>SOLD TO (if different from Consignee) :</b> <input checked="" type="checkbox"/> Same as CONSIGNEE :  <b>Tax ID# :</b> <b>Company Name/Address :</b>   <b>Country/Territory :</b>																				
<b>If there is a designated broker for this shipment, please provide contact information</b> <b>Name of Broker    Tel No.    Contact Name</b> <b>Duties and Taxes Payable by</b> <input checked="" type="checkbox"/> Exporter <input type="checkbox"/> Consignee <input type="checkbox"/> Other If Other, please specify																					
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