

Del @ Pampanga  
- warehouse -

240516

## PRIMECARE

### PHARMACEUTICAL DISTRIBUTORS

M.H. Del Pilar St., Santo Nino Public Market, Hagonoy, Bulacan  
Tel. No.: (044)768-1937 Cel. No.: GLOBE (0906)521-4600 SUN (0923)330-3243  
TIN 218-852-428-000

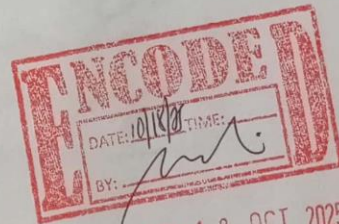
## SALES ORDER FORM

Nº 240516

PPD  
EUNICE

Customer No.:	P. O. No.
Delivered to: BOON PHARMA CORP.	Delivery Date: 10/16/2025 Due Date: 10/18/2025
Buss. Style:	TIN:
Address: BUILDING 1424 ANACLETO ST., ZONE 33, STA. CRUZ, BRGY. 334	Terms of Payment: day(s)

QTY	UNIT	PRODUCT CODE	DESCRIPTION	LOT/BATCH NO.	EXPIRY DATE	UNIT PRICE	AMOUNT
107	1,083 BX 100'S(300CS)		AMBLOSYL AMLODIPINE 5MG TAB L 193	EFD140	05/28 /	19.00	77,767.00
93	1,088 BX 100'S(108CS)		PRESARTAN 50 LOSARTAN POTASSIUM 50MG TAB 244	HFY0825	12/27 /	40.00	403,520.00



RECEIVED 18 OCT 2025

107  
WE ONLY ACCEPT RETURNS WITHIN 30 DAYS FROM DATE OF PURCHASE.  
BOX ☐ PLASTIC ☐

Prepared by: 107	Packed by:	Checked by: [Signature]	Delivered by:	Date: 10 18 25	Received the above goods in good order and condition: Rein Polina Latie	TOTAL 431,287.00
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CONDITION: Our responsibility ceases when delivery of merchandise is made to public carrier. No claims for losses or damage due to leakage, breakage or other cases or exchange of whatever nature will be entertained after delivery and receipt of goods thereof. In case of litigation arising out of this transaction parties submit themselves to the jurisdiction of the proper court of Bulacan. It is hereby stipulated between parties that an interest of 24% per annum will be charged on all overdue accounts. The debtor also hereby agrees to pay an additional sum equivalent to 25% of any amount due and payable, but in no case shall be less than P400.00 in all cases of suit or when the account is given to the attorney for collection.

with 107