

KOLIN MARKETING, INC. STATEMENT OF ACCOUNT December 13, 2024

METROPOLITAN MEDICAL CENTER 1357-G MASANGKAY ST. BRGY. 262, TONDO MANILA TEL#: 0977-8029411 / 0949-4579965

Sir/Ma'am,

Please find below the details of the unit which have been delivered and installed on the above address. For your reference of the account due from this transaction, please see attached documents.

SI#	DATE	QTY/MODEL	UNIT AMOUNT	DISCOUNTED PRICE	TOTAL
57947	05/27/2024	(1) KSM-IW20-WCT10M1M32-A	41,495.00	28,366.10	28,366.10
58437	08/15/2024	(1) KSM-IW20-WCT10M1M32-A	41,495.00	28,366.10	28,366.10
58506	09/03/2024	(1) KSG-IWF-30WFY8K1M32-A	76,595.00	55,744.10	55,744.10
TOTAL AMO	UNT DUE:			_	112,476.30

*Note: For unit payment, please make your check payable to KOLIN MARKETING, INC. (Php 112,476.30)

Thank you very much for your prompt payment and if you have any clarifications, please coordinate with the undersigned at telephone number 8852-6473.

Prepared by:

JANELLEN S. LIN KMI Assistant

MART NATHANIEL R. FLORES

KMI- Supervisor

- FINANCE

Kolin Marketing, Inc.

1854 Sta. Rita St., Guadalupe Nuevo, Makati City

Tel.: (632) 8852-6473

Fax: (632) 8852-2170 / (632) 8852-4792

*www.kolinphil.com.ph / kolinphilippines

KO MARKETING, INC. KOLIN 1854 \$ xita St., Guadalupe Nuevo Makati City, Philippines 1212 VAT Reg. TIN 004-661-920-00000 SOLD TO: DATE SALES INVOICE ADDRESS: METROPOLITAN MEDICAL CENTER P.O. NO. 357 G. MASANGKAY ST., TONDO, DATE TIN: SALES CODE BUS. STYLE/NAME: **TERMS** VATABLE SALES VAT-EXEMPT VAT ZERO RATED SALE QTY. MODEL NO. DESCRIPTION UNIT COST 12% VAT TOTAL AMOUNT 2 OHP WALL MOUNTED REGULAR INVERTER CERTUS SERES 25,326,88 28.366.10 ******Nothing Follows**** TOTAL AMOUNT P RECEIVED THE ABOVE GOODS IN GOOD ORDERAND CONDITION AND AGREE TO PREPARED BY APPROVED BY: **ESTATE TERMS & CONDITIONS** TERMS AND CONDITIONS:

ACCOUNTING COPY

person, entry or collection agency.

100 Bklts (50x4) 53501- 58500 BIR Authority to Print No.: OCN:050AU20210000003223

Date of ATP: Sept 30,2021 Expiry Date: Sept 29, 2026

TIAN WANG PRINTING & GEN. MDSE. 1812 Felix Huertas St., Brgy 341 Zone 34 Dist III, Sta Cruz Manila 1003

TIN: 115-720-314-00000-VAT • Printer's Accreditation No. 031MP20180000000018 • Date Issued: Dec 28,2018 Expiry Date: Dec 27,2023

Merchandise covered by this invoice remains the property of KOLIN MARKETING, INC. until fully paid if the above amount is not on demand or any stipulated terms in writing purchase will pay 3% per month as service charge for administration services plus interest of 24% per annum on unpaid overdue amount. In case of litigation, the purchaser expressly submit himself to the jurisdiction of any court within Makati City or any court at the discretion of the

company and agrees to pay the collection charges, attorney's fee and cost of suit. The responsibility of the company ceases upon actual delivery of goods to the purchaser. The company reserves the right to assign its receivable to a third

THIS SALES INVOICE SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP

SIGNATURE OVER PRINTED NAME

DATE RECEIVED

K	OLI	N	1854 Sta. Rita St., Guad Makati City, Philippines VAT Reg. TIN 004-661-9	1212				Nō	58437	
SALES INVOICE			ADDRESS: 1357	METROPOLITAN MEDICAL CENTRA 1357 G. MASANGKAY ST., TONDO, MANULA		1 TO 10 TO 10	P.O. NO.			
SALES	CODE		BUS. STYLE/NAM	E:		TERM	S 30 DAYS	22%	2000	
QTY.	MODEL NO.	DES	SCRIPTION	UNIT COST	VATABLE SALES	VAT- EXEMPT	VAT ZERO RATED SALE	12% VAT	TOTAL AMOUNT	
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(/	1/1/2	TOT	AL AMOUNT P	11.	25,326,88			3.039.23	28,266.10	
8	PREPARED	BY:		APPROVED BY:		ORDER	ED THE AB AND COND FERMS & CON	ITION AN	DS IN GOOD	
	AND CONDITION	NS:							D AGREE TO	

ACCOUNTING COPY

THIS SALES INVOICE SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP

100 Bklts (50x4) 53501- 58500 BIR Authority to Print No.: OCN:050AU20210000003223

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TIN: 115-720-314-00000-VAT • Printer's Accreditation No. 031MP2018000000018 • Date Issued: Dec 28,2018 Expiry Date: Dec 27,2023



Kolin Marketing, Inc.

Operations Office VAT Reg. TIN Telephone No.

: 1854 Kolin Bldg. Sta. Rita St., Guadalupe Nuevo, Makati City : 004-661-920-00000 : 8852-6473

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SOLD TO: METROPOLITAN MEDICAL STER

ADDRESS: 1357 G MASANGKAY ST TONGO

TIN: BUS. STYLE/NAME: DATE

P.O. NO.

DATE

SALES CODE BU			BUS. STYLE/NAME:			Т	ERMS			
QTY.	MODEL NO.	DES	CRIPTION	UNIT COST	VATABLE SALES	VA EXE		VAT ZERO RATED SALE	12% VAT	TOTALAMOUNT
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AM		TOT	ALAMOUNT P		771.52			5	972.58	55.744.10
1	PREPARE	109 b b		APPROVED BY:				D THE ABOVE O		D ORDER AND IS & CONDITIONS
Merchandis is not on de services plu himself to th collection ch	TERMS AND CONDITIONS: Merchandise covered by this invoice remains the property of KOLIN MARKETING, INC. until fully paid if the above amount is not on demand or any stipulated terms in writing purchase will pay 3% per month as service charge for administration services plus interest of 24% per annum on unpaid overdue amount. In case of litigation, the purchaser expressly submit himself to the jurisdiction of any court within Makati City or any court at the discretion of the company and agrees to pay the collection charges, attorney's fee and cost of suit. The responsibility of the company ceases upon actual delivery of goods to the purchaser. The company reserves the right to assign its receivable to a third person, entry or collection									

100 BKLTS (50X4) 58501 - 63500 - DATE OF ATP, JAN 16, 2024 - BIR AUTHORITY TO PRINT NO. OCH OSCAUZO24000000098 ISP PRINTERY - TIN 2 19-520-586-00000 NON-VAT - 59 SPEAKER PEREZ ST., SMH BRGY LOURDES, QUEZON CITY PRINTER'S ACCREDITATION NO. 038MP20190000000141 - DATE ISSUED: MAR 12 2019 EXPRY DATE: MAR 11 2024

FROI		ECEIPT KOLIN MARKETI	NG INC	DATE	9/11/24
					111127
ТО		Metropolitan	Medical	Center	
ADDR	The state of the state of	1357 6. mass	angkay st	, Tondo	manila
		llowing original i	nvoice (or true	copies) and	purchase orders
or chec	king or	verification.			ANACHNIT
No. D	ATE	INVOICE NO.	C.R NO.	P.O. NO.	AMOUNT
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If found	correc	t, payment will b	e made on		
Received	d Rv				

COUNTER	RECEIPT	1.0712				
FROM	KOLIN MARKET	ING INC.	DATE	06 05 24		
то	Metropolita	n Medical	Center	2 4 1		
ADDRESS	tondo Mar	nila				
Received the for checking of	following original or verification.	invoice (or true	copies) and p	ourchase orders		
No. DATE	INVOICE NO.	C.R NO.	P.O. NO.	AMOUNT		
1 05 27 24	57947			28,366.10		
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	TOTAL AMO	UNT DUE		28,366.10		
If found correct	ct, payment with the RONNIE MA	made on -				

