PROFORMA INVOICE

Exporter/Seller:
[Company Name]
[Address]
[Tax ID/VAT No.]
[Phone/Email]

Invoice No: _____
Date: _____
Expiry Date: _____

Consignee / Bill To:
[Customer Name]
[Full Address]
[Country]
[Tax ID/VAT No.]
Ship To (if different):
[Delivery Address]
[Contact Person]
[Phone Number]

Incoterms: [e.g. FOB/CIF/DDP]
Port of Loading: _____
Port of Discharge: _____
Payment Terms: _____
Currency: [e.g. USD/EUR/GBP]
Est. Lead Time: _____

Item Description / HS Code	Qty	Unit	Unit Price	Total
[Product Description] HS Code: [0000.00.00]				

Subtotal: 0.00
Shipping/Freight: 0.00
Insurance: 0.00

TOTAL AMOUNT: 0.00

Bank Details / Swift Information:

Bank Name: _____
SWIFT/BIC: _____
IBAN/Account No: _____
Beneficiary Name: _____

Notes: All goods remain the property of [Company Name] until payment is received in full.

Authorized Signature: _____
Company Stamp: [Space for Seal]