

PROFORMA INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Date: _____
Invoice #: _____
PO #: _____

Consignee (Ship To):

[Customer Name]
[Company Name]
[Address Line 1]
[City, Country]
[Contact Phone]

Logistics Details:

Mode of Transport: _____
Port of Loading: _____
Port of Discharge: _____
Incoterms: _____

Description of Goods	HS Code	Qty	Unit Weight	Unit Price	Total

Subtotal: \$0.00
Shipping/Freight: \$0.00
Insurance: \$0.00

Total Amount: \$0.00

Terms & Conditions:

1. Payment terms: [e.g., 50% advance, 50% upon shipping documents].
2. Goods are origin of: [Country].
3. This is a proforma invoice, not a tax invoice.

Authorized Signature