

PROFORMA INVOICE

Date: _____

Invoice #: _____

EXPORTER / SHIPPER

Name: _____

Address: _____

City/State: _____

Country: _____

Contact/Phone: _____

CONSIGNEE / IMPORTER

Name: _____

Address: _____

City/State: _____

Country: _____

Tax ID/VAT: _____

TRANSPORT DETAILS

Mode of Transport: _____

Port of Loading: _____

Port of Discharge: _____

PAYMENT TERMS

Incoterms: _____

Currency: _____

Payment Method: _____

Description of Goods (inc. HS Code)	Qty	Unit	Unit Price	Total Value

Subtotal: _____

Shipping/Freight: _____

Insurance: _____
TOTAL AMOUNT: _____

DECLARATION

We hereby certify that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signature: _____ Date: _____

Country of Origin: _____ | Total Packages: _____ | Net/Gross Weight: _____