

PROFORMA INVOICE

Date: [Date]

Invoice #: [PI-000]

Reference: [PO Number]

EXPORTER:

[Company Name]

[Street Address]

[City, State, Zip]

[Country]

[Tax ID/VAT Number]

CONSIGNEE / SHIP TO:

[Client Name]

[Shipping Address]

[City, State, Zip]

[Country]

NOTIFY PARTY:

[Same as Consignee / Agent]

[Contact Details]

Country of Origin: [Country]

Country of Destination: [Country]

Port of Loading: [Port Name]

Mode of Transport: [Air/Sea/Road]

Incoterms: [e.g. CIF, FOB, EXW]

Port of Discharge: [Port Name]

Description of Goods / HS Code	Qty	Unit	Price	Amount
[Product Name / HS: 0000.00]	0	pcs	0.00	0.00
[Product Name / HS: 0000.00]	0	pcs	0.00	0.00

Subtotal: 0.00

Shipping & Insurance: 0.00

TOTAL VALUE ([CURRENCY]): 0.00

BANKING DETAILS:

Bank Name: [Name]

SWIFT/BIC: [Code]

IBAN/Account: [Number]

TERMS & CONDITIONS:

- Payment Terms: [e.g. 100% Advance]

- Estimated Lead Time: [Weeks]

- Weights: Net [0kg] / Gross [0kg]

- Package Type: [Pallets/Boxes]

Authorized Signature