

PROFORMA INVOICE

Date: _____

Invoice #: _____

SELLER / EXPORTER

Name: _____

Address: _____

Tax ID/VAT: _____

Contact: _____

BILL TO / IMPORTER

Name: _____

Address: _____

Country: _____

Tax ID/VAT: _____

SHIP TO (IF DIFFERENT)

Name: _____

Address: _____

Country: _____

Contact: _____

SHIPPING INFORMATION

Mode of Transport: _____

Port of Loading: _____

Port of Discharge: _____

Country of Origin: _____

PAYMENT & TERMS

Incoterms 2020: _____

Currency: _____

Payment Terms: _____

Est. Ship Date: _____

HS Code	Description of Goods	Qty	Unit	Unit Price	Total

HS Code	Description of Goods	Qty	Unit	Unit Price	Total

Subtotal: _____

Shipping/Freight: _____

Insurance: _____

Total Value: _____

"We hereby certify that this invoice is true and correct, and that the contents of this shipment are as stated above."

Authorized Signature: _____

Company Stamp/Seal: