

PROFORMA INVOICE

[Invoice Number]
Date: [DD/MM/YYYY]

[Your Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

BILL TO

[Customer Name]
[Customer Address]
[Contact Number]
[Email Address]
SHIP TO / CONSIGNEE

[Shipping Name/Entity]
[Shipping Address]
[Port of Discharge]
[Country of Origin]

Description of Goods	HS Code	Qty	Unit Price	Amount
[Product Description]	[HS Code]	0	0.00	0.00
[Product Description]	[HS Code]	0	0.00	0.00

PAYMENT & TRADE TERMS

Incoterms: [e.g., FOB, CIF, EXW]
Payment: [e.g., T/T, L/C, Net 30]
Bank: [Bank Name]
SWIFT/IBAN: [Details]

Subtotal: 0.00
Shipping: 0.00
Tax/VAT: 0.00

TOTAL: [Currency] 0.00

Notes: This is a proforma invoice provided for trade purposes only. Valid for [Number] days.

Authorized Signature: _____