

PROFORMA INVOICE

Date: [Date]
Invoice #: [Number]

[Company Name]
[Address Line 1]
[City, State, Zip]
[Tax ID/VAT Number]

EXPORTER / SHIPPER

[Name]
[Address]
[Country]

IMPORTER / CONSIGNEE

[Name]
[Address]
[Country]

SHIPPING INFORMATION

Mode: [Air/Sea/Road]
Port of Loading: [Location]
Port of Discharge: [Location]

PAYMENT & TRADE TERMS

Incoterms: [e.g., CIF, FOB]
Currency: [e.g., USD]
Estimated Ship Date: [Date]

HS Code	Description of Goods	Qty	Unit Price	Amount
[0000.00]	[Item Description]	0	0.00	0.00

Subtotal (FOB Value): 0.00

Freight Charges: 0.00

Insurance: 0.00

CIF / Customs Value: 0.00

Import Duty ([0] %): 0.00

VAT / Tax ([0]): 0.00

Total Payable: 0.00

Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signature: _____
Company Stamp