

PROFORMA INVOICE

Date: _____
Invoice #: _____

EXPORTER / SHIPPER

Name: _____

Address: _____

Country: _____

Phone/Tax ID: _____

CONSIGNEE / IMPORTER

Name: _____

Address: _____

Country: _____

Phone/Tax ID: _____

SHIPPING INFORMATION

Mode of Transport: _____

Port of Loading: _____

Port of Discharge: _____

PAYMENT TERMS

Incoterms: _____

Currency: _____

Est. Ship Date: _____

Description of Goods (inc. H.S. Code)	Qty	Unit	Unit Price	Total Price

Subtotal: _____

Shipping/Insurance: _____

Grand Total: _____

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

Authorized Signature: _____

Company Stamp: _____