

PROFORMA INVOICE

Date: _____
Invoice #: _____

EXPORTER / SHIPPER

Name: _____
Address: _____
City/State: _____
Country: _____
Tax ID/VAT: _____
Contact: _____

CONSIGNEE / IMPORTER

Name: _____
Address: _____
City/State: _____
Country: _____
Tax ID/VAT: _____
Contact: _____

SHIPPING DETAILS

Mode of Transport: _____
Port of Loading: _____
Port of Discharge: _____
Estimated Ship Date: _____

COMMERCIAL TERMS

Incoterms 2020: _____
Currency: _____
Reason for Export: _____
Payment Terms: _____

Description of Goods (inc. HS Code)	Qty	Unit	Weight (kg)	Unit Value	Total Value

Subtotal: _____

Shipping/Freight: _____

Insurance: _____

Total Declared Value: _____

DECLARATION

I declare that the information mentioned above is true and correct to the best of my knowledge and that the contents of this shipment are as stated above.

Total Packages: _____

Total Net Weight: _____

Total Gross Weight: _____

Authorized Signature & Date