

PROFORMA INVOICE

No: _____
Date: _____
Expiry: _____

EXPORTER / SHIPPER

[Name]
[Address]
[Tax ID / EORI]
[Contact Phone]

CONSIGNEE / IMPORTER

[Name]
[Address]
[Tax ID / VAT]
[Contact Phone]

TRANSPORT DETAILS

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

PAYMENT & TRADE TERMS

Incoterms 2020: [e.g. FOB, CIF]
Currency: [USD/EUR/GBP]
Payment: [T/T, L/C, Net 30]

HS CODE	DESCRIPTION OF GOODS	QTY	UNIT	UNIT PRICE	TOTAL

Subtotal: 0.00
Freight / Insurance: 0.00
Total Value: 0.00

PACKAGE INFORMATION

Total Gross Weight: _____ kg
Total Net Weight: _____ kg
Total Volume: _____ cbm

COUNTRY OF ORIGIN

[Country Name]

Declaration: We certify that this proforma invoice is true and correct, and that the value stated represents the actual price of the goods described.

Authorized Signature & Stamp