

# PROFORMA INVOICE

No: \_\_\_\_\_  
Date: \_\_\_\_\_

EXPORTER / SHIPPER Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Tax ID/EORI: \_\_\_\_\_  
Phone: \_\_\_\_\_

CONSIGNEE / IMPORTER Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Tax ID/VAT: \_\_\_\_\_  
Phone: \_\_\_\_\_

TRANSPORT DETAILS Mode of Transport: \_\_\_\_\_  
Port of Loading: \_\_\_\_\_  
Port of Discharge: \_\_\_\_\_  
Vessel/Flight No: \_\_\_\_\_

PAYMENT & DELIVERY TERMS Incoterms 2020: \_\_\_\_\_  
Currency: \_\_\_\_\_  
Payment Terms: \_\_\_\_\_  
Est. Ship Date: \_\_\_\_\_

HS Code	Description of Goods	Qty	Unit	Unit Price	Total Value

**Subtotal:** \_\_\_\_\_  
**Shipping/Freight:** \_\_\_\_\_  
**Insurance:** \_\_\_\_\_

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**TOTAL AMOUNT:** \_\_\_\_\_

PACKAGE INFORMATION Total Gross Weight: \_\_\_\_\_ | Total Net Weight: \_\_\_\_\_ | Total Packages: \_\_\_\_\_

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**Declaration:** We certify that this invoice is true and correct and that the goods are of \_\_\_\_\_ origin.

Place & Date: \_\_\_\_\_

Authorized Signature & Stamp