

PROFORMA INVOICE

Date: [Date]
Invoice #: [Number]

[SELLER COMPANY NAME]
[Address Line 1]
[City, Country, Zip]
[Tax ID/VAT Number]

CONSIGNEE / BILL TO:

[Customer Name]
[Company Name]
[Address Line 1]
[City, Country, Zip]
[Phone/Email]

SHIP TO (IF DIFFERENT):

[Address Line 1]
[City, Country, Zip]
[Contact Person]

Description of Goods	HS Code	Qty	Unit Price	Total ([Currency])
[Product Details / Specification]	[HS Code]	[Qty]	[Price]	[Amount]
Subtotal:				[Amount]
Shipping/Freight:				[Amount]
Total Payable:				[Total]

TERMS & LOGISTICS:
Incoterms 2020: [e.g. FOB, CIF, DAP]
Port of Loading: [Port/Airport]

Port of Discharge: [Port/Airport]

Country of Origin: [Country]

Est. Lead Time: [Weeks/Days]

PAYMENT DETAILS:

Method: [Wire Transfer / LC]

Bank Name: [Bank Name]

SWIFT/BIC: [Code]

IBAN/Account: [Number]

Note: This is a Proforma Invoice only. Goods will be dispatched upon receipt of payment/confirmation as per contract terms.

Authorized Signature & Stamp