

PROFORMA INVOICE

Date: _____

Invoice #: _____

Exporter / Shipper

[Company Name]

[Address Line 1]

[Address Line 2]

[Contact Name]

[Phone/Email]

Consignee / Ship To

[Customer Name]

[Address Line 1]

[Address Line 2]

[Country]

[Phone/Email]

Shipping Information

Carrier: _____

Incoterms: _____

Country of Origin: _____

Reason for Export: _____

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

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

Subtotal: _____

Shipping/Freight: _____

Insurance: _____

Total (Currency): _____

Package Details

Total Cartons: _____ | Total Gross Weight: _____ | Total Net Weight: _____

I declare that the information on this invoice is true and correct and that the contents of this shipment are as stated above.

Authorized Signature & Date