

PROFORMA INVOICE

[Exporter Company Name]
[Street Address]
[City, State, Zip Code]
[Country]
VAT/Tax ID: [Number]
Email: [Email Address]

BILL TO / CONSIGNEE

[Customer Name]
[Company Name]
[Street Address]
[City, Country]
Phone: [Phone Number]

DOCUMENT DETAILS

Date: [Date]
Invoice No: [PF-0000]
Expiry Date: [Date]
Incoterms: [e.g. FOB/CIF/DDP]
Port of Loading: [Location]

Description of Goods / HS Code	Qty	Unit Price	Total ([Currency])
[Product Name / Service Description] HS Code: [0000.00]	[0]	[0.00]	[0.00]
[Product Name / Service Description]	[0]	[0.00]	[0.00]

Subtotal: [0.00]
Shipping/Freight: [0.00]
Insurance: [0.00]
Total Amount ([Currency]): [0.00]

PAYMENT INSTRUCTIONS (WIRE TRANSFER)

Beneficiary Name: [Account Name]

Bank Name: [Name]

SWIFT/BIC: [Code]

IBAN/Account No: [Number]

Currency: [Currency Type]

Terms & Conditions:

1. Goods will be dispatched within [Number] days of payment confirmation.
2. This proforma invoice is valid for [Number] days.
3. Country of Origin: [Country Name].

Authorized Signature