

PROFORMA INVOICE

[Company Name]

[Street Address]

[City, State, Zip]

[Country]

VAT/Tax ID: [ID Number]

Date: [Date]

PI Number: [Reference]

Expiration: [Date]

EXPORTER (SELLER)

[Name]

[Address]

[Contact Details]

CONSIGNEE (BUYER)

[Name]

[Address]

[Country]

SHIPPING DETAILS

Port of Loading: [City/Country]

Port of Discharge: [City/Country]

Mode of Transport: [Sea/Air/Road]

Est. Shipping Date: [Date]

PAYMENT & TERMS

Incoterms: [e.g., FOB, CIF, DAP]

Currency: [e.g., USD, EUR]

Payment Method: [T/T, L/C]

Description of Goods	HS Code	Qty	Unit Price	Total
[Product Name/Specs]	[Code]	[0.00]	[0.00]	[0.00]
[Product Name/Specs]	[Code]	[0.00]	[0.00]	[0.00]

Subtotal: 0.00
Freight: 0.00
Insurance: 0.00

Grand Total: [CUR] 0.00

BANK DETAILS

Bank Name: [Name] | **SWIFT/BIC:** [Code] | **IBAN:** [Number]

TERMS & CONDITIONS

- Country of Origin: [Country]
- Partial shipments: [Allowed/Not Allowed]
- Validity: This offer is valid for 30 days.

AUTHORIZED SIGNATURE

Company Stamp / Signature