

PROFORMA INVOICE

INVOICE NO: [_____]

DATE: [_____]

EXPORTER / SHIPPER: [Name]

[Address]

[Tax ID/VAT No]

[Phone/Contact]

CONSIGNEE / IMPORTER: [Name]

[Address]

[Tax ID/VAT No]

[Phone/Contact]

TRANSPORT DETAILS: Mode of Transport: [_____]

Port of Loading: [_____]

Port of Discharge: [_____]

PAYMENT & INCOTERMS: Incoterms 2020: [_____]

Payment Terms: [_____]

Currency: [_____]

Description of Goods	HS Code	Qty	Unit	Price	Total
[Product Description]	[_____]	[_____]	[_____]	[_____]	[_____]

BANKING DETAILS: Bank Name: [_____]

SWIFT/BIC: [_____]

IBAN/Account: [_____]

Subtotal:

[_____]

Shipping/Freight:

[_____]

Total Value:

[_____]

Declaration: We certify that this invoice is true and correct, and that the goods are of [Country] origin.

Package Details: Gross Weight: [_____] | Net Weight: [_____] | Total Packages: [_____] |

AUTHORIZED SIGNATURE & STAMP