

PROFORMA INVOICE

Invoice #: _____

Date: _____

[Exporter Company Name]

[Address Line 1]

[Address Line 2]

[Country] | [Tax ID]

Consignee / Importer: [Company Name]

[Address]

[Contact Name]

[Phone/Email]

Shipping & Payment: Incoterms: [e.g. FOB/CIF]

Port of Loading: _____

Port of Discharge: _____

Currency: _____

HS Code	Description of Goods	Quantity	Unit	Unit Price	Total

Subtotal: _____

Freight/Insurance: _____

Grand Total: _____

Banking Details: Bank Name: _____

SWIFT/BIC: _____

IBAN/Account #: _____

Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signature & Stamp