

PROFORMA INVOICE

Date: _____

Invoice #: _____

[SENDER COMPANY NAME]

[Address Line 1]

[City, State, Zip]

[Phone/Email]

EXPORTER / CONSIGNOR

Name: _____

Address: _____

Contact: _____

Tax ID: _____

IMPORTER / CONSIGNEE

Name: _____

Address: _____

Contact: _____

Tax ID: _____

SHIPMENT DETAILS

Mode of Transport: _____

Port of Loading: _____

Port of Discharge: _____

Country of Origin: _____

PAYMENT & DELIVERY

Incoterms: _____

Currency: _____

Payment Terms: _____

Estimated Ship Date: _____

Description of Goods / HS Code	Qty	Unit	Unit Price	Total

Subtotal: _____

Shipping/Freight: _____

Insurance: _____

Total Value: _____

PACKAGE INFORMATION

Total Weight (Gross/Net): _____ / _____

Total Packages: _____ Dimension: _____

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

Authorized Signature: _____

Date: _____