

PROFORMA INVOICE

No: [Invoice Number]

Date: [Date]

[Exporter/Seller Name]

[Address Line 1]

[Address Line 2]

[Country]

VAT/Tax ID: [ID Number]

CONSIGNEE / BILL TO

[Customer Name]

[Full Address]

[City, State, Zip]

[Country]

Contact: [Phone/Email]

SHIPPING INFORMATION

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

Port of Loading: [City, Country]

Port of Discharge: [City, Country]

Estimated Ship Date: [Date]

Mode of Transport: [Air/Sea/Road]

HS Code	Description of Goods	Qty	Unit	Unit Price	Total
[0000.00]	[Item Description]	[0]	[pcs]	[0.00]	[0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Name]

SWIFT/BIC: [Code]

IBAN/Account: [Number]

Currency: [USD/EUR/etc]

Subtotal: 0.00

Shipping/Freight: 0.00

Insurance: 0.00

Total Payable ([Currency]): 0.00

DECLARATION

We certify that this invoice shows the actual price of the goods described and that all particulars are true and correct. These commodities are licensed for the ultimate destination shown; diversion contrary to law is prohibited.

Authorized Signature / Stamp