

# PROFORMA INVOICE

[Seller Company Name]  
[Street Address]  
[City, State, Zip]  
[Country]  
VAT/Tax ID: [ID Number]

**Date:** [DD/MM/YYYY]  
**Invoice #:** [Reference No.]  
**Expiry Date:** [DD/MM/YYYY]  
**Incoterms:** [e.g. FOB, CIF]

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## CONSIGNEE (BILL TO)

[Buyer Company Name]  
[Street Address]  
[City, State, Zip]  
[Country]  
Contact: [Name/Phone]

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## DELIVERY ADDRESS (SHIP TO)

[Recipient Name/Warehouse]  
[Street Address]  
[City, State, Zip]  
[Country]  
Port of Discharge: [Port Name]

Item / HS Code	Description	Qty	Unit	Unit Price	Total
[Code]	[Product Name/Specifications]	0	[pcs/kg]	0.00	0.00
[Code]	[Product Name/Specifications]	0	[pcs/kg]	0.00	0.00

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Subtotal: 0.00

Shipping/Freight: 0.00  
Insurance: 0.00

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**Total Amount ([Currency]): 0.00**

**Payment Instructions:**

Bank Name: [Name]  
SWIFT/BIC: [Code]  
IBAN/Account: [Number]  
Beneficiary: [Name]

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**Terms & Conditions:**

1. Country of Origin: [Country Name]
2. Estimated Lead Time: [Weeks/Days] after receipt of payment.
3. This proforma invoice is valid until the expiry date shown above.
4. Goods remain property of the seller until full payment is received.