

# PROFORMA INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

**[Company Name]**  
[Street Address]  
[City, State, Zip]  
[VAT/Tax ID]

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## EXPORTER / SHIPPER

[Name]  
[Address]  
[Contact Details]  
[Tax ID/EORI]

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## CONSIGNEE / IMPORTER

[Name]  
[Address]  
[Contact Details]  
[Tax ID/EORI]

Incoterms: [e.g. DAP, CIF]  
Mode of Transport: [Air/Sea/Road]  
Port of Loading: [Origin]  
Port of Discharge: [Destination]  
Total Packages: [Quantity]  
Gross Weight: [kg/lbs]  
Currency: [USD/EUR/etc]  
Payment Terms: [Net 30/Prepaid]

Item Desc & HS Code	Qty	Unit	Unit Price	Total Value

Subtotal: 0.00  
Shipping/Freight: 0.00  
Insurance: 0.00

Total Invoice Value: 0.00

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**Declaration:** We certify that this invoice is true and correct and that the contents of this shipment are as stated above.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date