

PROFORMA INVOICE

No: _____

Date: _____

[Exporter Company Name]

[Street Address]

[City, State, Zip]

[Country]

[VAT/Tax ID]

CONSIGNEE (BILL TO)

[Company Name]

[Address Line 1]

[Address Line 2]

[Country]

Contact: [Name/Phone]

SHIPPING DETAILS

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

Port of Loading: [City, Country]

Port of Discharge: [City, Country]

Est. Ship Date: [Date]

HS Code	Description of Goods	Qty	Unit	Unit Price	Total

Subtotal: [Currency] 0.00

Shipping: [Currency] 0.00

Total Value: [Currency] 0.00

PAYMENT INSTRUCTIONS

Bank Name: [Name]

SWIFT/BIC: [Code]

IBAN/Account: [Number]

Beneficiary: [Exporter Name]

Declaration: We declare 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.

Authorized Signature & Stamp