PROFORMA INVOICE

No: [ ]
Date: [ ]

[Company Name]
[Address Line 1]
[City, State, Zip]
[VAT/Tax ID]

CONSIGNEE (BILL TO)

[Name/Company]
[Address]
[Contact Number]

SHIPPING DETAILS

Port of Loading: [ ]
Port of Discharge: [ ]
Incoterms: [ ]
Vessel/Flight No: [ ]

Description of Goods / Freight Services	HS Code	Qty (Units/Pallets)	Weight (kg)	Volume (cbm)	Unit Price	Total
[Heavy Machinery / Bulk Cargo]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Ocean/Air Freight Charges	-	-	-	-	-	[ ]
Handling & Documentation	-	-	-	-	-	[ ]

Subtotal: [ ]
Tax/VAT: [ ]

Total Amount: [ ]

PAYMENT INSTRUCTIONS & TERMS

Bank: [Bank Name] | SWIFT: [ ] | IBAN: [ ]

Notes: Goods remain the property of [Company] until full payment is received. Estimated transit time: [ ] days.