PROFORMA INVOICE

Invoice No: _____
Date: _____

[COMPANY NAME]
[Address Line 1]
[City, State, Zip]
[Contact/Email]

EXPORTER / SHIPPER

CONSIGNEE / IMPORTER

VESSEL / VOYAGE NO. _____

PORT OF LOADING _____

PORT OF DISCHARGE _____

FINAL DESTINATION _____

Marks & Nos.	Description of Goods	Quantity	Unit Price	Total (USD)

Subtotal: $_____
Freight Charges: $_____

Total Value: $_____

INCOTERMS & PAYMENT TERMS

Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

_____
Authorized Signature & Stamp