PROFORMA INVOICE

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

Invoice #: _____

Date: _____

Expiry Date: _____

BILL TO:

[Buyer Name]
[Company Name]
[Address]
[Contact Number]

SHIP TO:

[Consignee Name]
[Destination Address]
[Port of Discharge]
[Final Country of Destination]

LOGISTICS INFO:
Mode of Transport: _____
Incoterms 2020: _____
Loading Port: _____
PAYMENT TERMS:
Currency: _____
Method: _____
Est. Lead Time: _____

Description of Goods	HS Code	Qty	Unit Price	Amount
[Item Description]	[0000.00]	0	0.00	0.00
[Item Description]	[0000.00]	0	0.00	0.00

Subtotal: 0.00
Shipping/Freight: 0.00
Insurance: 0.00

TOTAL AMOUNT: 0.00

BANKING DETAILS:
Bank Name: _____ | SWIFT/BIC: _____ | IBAN: _____

Notes: All goods remain the property of [Seller Name] until full payment is received. Package count: ____ | Gross Weight: ____ kg | Net Weight: ____ kg