

PROFORMA INVOICE

Date: _____

Invoice #: _____

[SENDER COMPANY NAME]

[Address Line 1]

[Address Line 2]

[Country]

[Phone/Email]

EXPORTER / SHIPPER [Name]

[Address]

[Tax ID/VAT Number]

CONSIGNEE / IMPORTER [Name]

[Address]

[Country]

TRANSPORT DETAILS Mode of Transport: _____

Port of Loading: _____

Port of Discharge: _____

PAYMENT & TRADE TERMS Incoterms: _____

Currency: _____

Payment Terms: _____

| Description of Goods / HS Code | Qty | Unit | Unit Price | Total |
|--------------------------------|-----|------|------------|-------|
| | | | | |

Subtotal: _____

Shipping/Freight: _____

Insurance: _____

TOTAL VALUE: _____

DECLARATION I declare that the information mentioned above is true and correct to the best of my knowledge and that the contents of this shipment are as stated above.

Authorized Signature & Stamp