

PROFORMA INVOICE

Date: [Date]

Invoice #: [Number]

Reference: [PO Number/Ref]

SELLER / EXPORTER

[Company Name]

[Address Line 1]

[City, State, Zip, Country]

[Tax ID / VAT Number]

CONSIGNEE / BILL TO

[Customer Name]

[Address Line 1]

[City, State, Zip, Country]

[Contact Name & Phone]

SHIP TO (IF DIFFERENT)

[Company Name]

[Address Line 1]

[City, State, Zip, Country]

[Notify Party]

SHIPPING INFORMATION

Mode of Transport: [Air/Sea/Road]

Port of Loading: [City, Country]

Port of Discharge: [City, Country]

Estimated Ship Date: [Date]

PAYMENT & TRADE TERMS

Incoterms® 2020: [e.g., FOB, CIF, EXW]

Currency: [e.g., USD, EUR, GBP]

Payment Terms: [e.g., Net 30, T/T in Advance]

Country of Origin: [Country]

Item/HS Code	Description of Goods	Qty	Unit	Unit Price	Total
[HS Code]	[Detailed Description]	[0]	[pcs]	0.00	0.00

Item/HS Code	Description of Goods	Qty	Unit	Unit Price	Total

Subtotal: 0.00

Shipping/Freight: 0.00

Insurance: 0.00

TOTAL AMOUNT: [Currency] 0.00

BANK DETAILS / SWIFT INFORMATION

Bank Name: [Name]

Account Name: [Name]

IBAN/Account #: [Number]

SWIFT/BIC: [Code]

Notes: All goods remain the property of [Company Name] until paid in full. This proforma is subject to our standard terms and conditions.

Authorized Signature