

PROFORMA INVOICE

[Company Name]

[Street Address]

[City, State, Zip]

[Country]

[Tax ID / VAT Number]

Invoice #: _____

Date: _____

Expiry Date: _____

BILL TO:

[Client Name]

[Client Address]

[City, State, Zip]

[Country]

[Contact Email/Phone]

SHIP TO (IF DIFFERENT):

[Recipient Name]

[Shipping Address]

[City, State, Zip]

[Country]

PAYMENT TERMS

SHIPPING METHOD

CURRENCY

Description	HS Code	Qty	Unit Price	Amount
_____	_____	—	0.00	0.00

Description	HS Code	Qty	Unit Price	Amount
_____	_____	—	0.00	0.00
_____	_____	—	0.00	0.00

Subtotal: 0.00
Tax / VAT: 0.00
Shipping: 0.00
Total Amount: 0.00

PAYMENT INSTRUCTIONS / BANK DETAILS

Bank: [Bank Name] | SWIFT/BIC: [Code] | IBAN: [Number]
Account Name: [Name] | Reference: Invoice #

NOTES

Goods will be shipped upon receipt of payment. This is a proforma invoice and not a commercial tax invoice.