

PROFORMA INVOICE

Date: [Date]
Number: [Invoice #]

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

Consignee (Bill To):

[Customer Name]
[Company Name]
[Street Address]
[City, Country, Zip]
[Phone Number]

Delivery Details:

Incoterms: [e.g. CIF, FOB, DAP]
Port of Loading: [Location]
Port of Discharge: [Location]
Est. Shipping Date: [Date]

Description of Goods	HS Code	Qty	Unit Price	Total
[Product Name/Specs]	[8-10 Digit Code]	[0]	[Currency 0.00]	[0.00]
[Product Name/Specs]	[8-10 Digit Code]	[0]	[Currency 0.00]	[0.00]

Subtotal:[0.00]
Shipping:[0.00]
Insurance:[0.00]

Total ([Currency]):[0.00]

Payment Instructions:

Bank Name: [Name]
SWIFT/BIC: [Code]
IBAN/Account: [Number]
Beneficiary: [Name]

Notes:

Country of Origin: [Country]
Total Gross Weight: [0.00 kg]
Total Packages: [Qty]

Authorized Signature & Stamp