

# PROFORMA INVOICE

Invoice No: \_\_\_\_\_

Date: \_\_\_\_\_

PO No: \_\_\_\_\_

## Exporter / Shipper

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Country: \_\_\_\_\_

Contact: \_\_\_\_\_

Tax ID/VAT: \_\_\_\_\_

## Importer / Consignee

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Country: \_\_\_\_\_

Contact: \_\_\_\_\_

Tax ID/VAT: \_\_\_\_\_

## Shipping Details

Mode of Transport: \_\_\_\_\_

Port of Loading: \_\_\_\_\_

Port of Discharge: \_\_\_\_\_

Incoterms: \_\_\_\_\_

## Payment Terms

Currency: \_\_\_\_\_

Est. Ship Date: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Item Description / HS Code	Qty	Unit	Unit Price	Total

Item Description / HS Code	Qty	Unit	Unit Price	Total

**Subtotal:** \_\_\_\_\_

**Shipping/Freight:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_

**TOTAL AMOUNT:** \_\_\_\_\_

**Declaration & Notes**

I/We declare that the information on this invoice is true and correct and that the contents of this shipment are as stated above.

Country of Origin: \_\_\_\_\_

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Authorized Signature & Stamp