

# PROFORMA INVOICE

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

Date: \_\_\_\_\_  
PI Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_

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## **Bill To:**

[Customer Name]  
[Company Name]  
[Address Line 1]  
[City, State, Zip]  
[Phone/Email]

## **Ship To:**

[Contact Name]  
[Shipping Address Line 1]  
[City, State, Zip]  
[Shipping Method]

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: \$ \_\_\_\_\_  
Tax/VAT: \$ \_\_\_\_\_  
Shipping & Handling: \$ \_\_\_\_\_  
GRAND TOTAL: \$ \_\_\_\_\_

## **Payment Terms & Instructions:**

Payment Method: [Wire Transfer / Credit Card / ACH]

Bank Name: [Name]

SWIFT/BIC: [Code]

Account Number: [Number]

**Notes:**

1. This is not a tax invoice.
2. Goods will be dispatched only after receipt of full payment.
3. Please reference the PI Number on your payment transfer.