

# [COMPANY NAME]

[Street Address]  
[City, State, Zip]  
[Email/Phone]

## PROFORMA INVOICE

Date: [Date]  
Invoice #: [00000]  
PO #: [Optional]

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### BILL TO

[Client Name]  
[Client Company]  
[Address]  
[Tax ID/VAT]

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### SHIP TO

[Recipient Name]  
[Shipping Address]  
[Contact Phone]

SKU / Item	Description	Qty	Unit Price	Total

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Subtotal:

[0.00]

Shipping: [0.00]

Tax: [0.00]

**TOTAL:** [0.00]

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**PAYMENT INSTRUCTIONS & TERMS**

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**Bank:** [Bank Name] | **SWIFT:** [Code] | **Account:** [Number]

Terms: 50% Deposit required to initiate production. Full balance due before shipment. Goods remain property of [Company Name] until paid in full.