

PROFORMA INVOICE

Date: _____

PI Number: _____

[Seller Company Name]

[Street Address]

[City, State, Zip]

[Tax ID/VAT Number]

Bill To: [Buyer Company Name]

[Address]

[Contact Name]

[Phone/Email]

Ship To: [Delivery Address]

[City, Country]

[Requested Ship Date]

[Port of Entry]

| SKU / Item # | Description | Quantity | Unit Price | Total |
|--------------|-------------|----------|------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Subtotal: _____

Shipping/Freight: _____

Tax/Duty: _____

Grand Total ([Currency]): _____

Trade Terms:

Incoterms: _____ (e.g. FOB, CIF, EXW)

Payment Terms: _____

Estimated Lead Time: _____

Banking Details for Wire Transfer:

Bank Name: _____ | Swift/BIC: _____ | IBAN/Account: _____

Authorized Signature