# PROFORMA INVOICE

**[Seller Name]**
[Street Address]
[City, State, Zip]
[Phone / Email]

**Date:** _____
**Invoice #:** _____
**Validity:** _____

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**BILL TO:**

[Customer Name]
[Company Name]
[Address Line 1]
[City, Country]

**SHIP TO:**

[Shipping Contact]
[Shipping Address]
[Shipping Method]

| Part Number | Description (Brake System Components) | Qty | Unit Price | Total |
|---|---|---|---|---|
| | Brake Pads - [Ceramic/Semi-Met] | | | |
| | Brake Rotors - [Drilled/Slotted/Blank] | | | |
| | Brake Calipers - [Front/Rear] | | | |
| | Brake Lines - [Stainless Steel/Rubber] | | | |

| Part Number | Description (Brake System Components) | Qty | Unit Price | Total |
|---|---|---|---|---|
| | Master Cylinder / ABS Module | | | |
| | | | | |

Subtotal: $ _____
Shipping & Handling: $ _____
Tax: $ _____
Total Amount: $ _____

**PAYMENT TERMS & INSTRUCTIONS**

Wire Transfer / IBAN: _____
Lead Time: _____
Country of Origin: _____

*Authorized Signature*