PROFORMA INVOICE

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

Date: [Date]
Invoice #: [Reference]
Incoterms: [e.g., EXW, FOB]

CONSIGNEE / BILL TO

[Customer Name]
[Customer Address]
[Country]
[Contact Phone]

SHIPPING DETAILS

Port of Loading: [Port]
Port of Discharge: [Port]
Estimated Lead Time: [Weeks/Days]
Payment Terms: [Terms]

Part Number (OEM)	Description	HS Code	Qty	Unit	Unit Price	Total

Subtotal: [Currency] 0.00
Packaging/Handling: 0.00
Freight/Insurance: 0.00

Total Amount Due: [Currency] 0.00

BANKING INFORMATION

Bank Name: [Name] | SWIFT/BIC: [Code] | IBAN/Account: [Number]

Notes: Goods remain property of [Company Name] until full payment is received. Validity: [Number] days.