PROFORMA INVOICE

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

Date: _____
Invoice #: _____
PO #: _____

BILL TO

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

SHIPPING INFORMATION

Method: _____
Incoterms: _____
Port of Entry: _____

Part Number	Description	Qty	Unit Price	Total
	Transmission Assembly / Components			
	Gear Set / Clutch Kit			
	Torque Converter			
	Gasket & Seal Kit			

Part Number	Description	Qty	Unit Price	Total

Subtotal: $0.00
Shipping/Freight: $0.00
Tax: $0.00

Grand Total: $0.00

PAYMENT TERMS & NOTES

Bank Name: _____
SWIFT/BIC: _____
Account Number: _____
Notes: This proforma invoice is valid for [30] days. Goods remain the property of the seller until paid in full.

Authorized Signature: _____ Date: _____