PROFORMA INVOICE

No: _____
Date: _____

EXPORTER / BENEFICIARY
[Company Name]
[Address Line 1]
[Address Line 2]
[Country]
VAT/TAX ID: _____

CONSIGNEE / BUYER
[Name]
[Address]
[Country]
Contact: _____

SHIPMENT DETAILS
Port of Loading: _____
Port of Discharge: _____
Dispatch Mode: [Air / Sea / Courier]
Payment Terms: _____

Style No.	Description of Knitted Goods	Composition	Quantity (Pcs)	Unit Price (USD)	Total Amount

Subtotal:$0.00
Freight/Insurance:$0.00

TOTAL VALUE:$0.00

BANKING DETAILS
Bank Name: _____
SWIFT/BIC: _____
IBAN/Account No: _____

NOTES
- Country of Origin: [Origin]
- Delivery Period: [Days]
- Packing: [Cartons/Bales]

Authorized Signature & Stamp