PROFORMA INVOICE

[Exporter Name / Company]

[Address Line 1]

[Tax ID / VAT Number]

INVOICE NUMBER
[0000]

DATE
[YYYY-MM-DD]

CONSIGNEE (BILL TO)
[Customer Name]

[Street Address]

[City, State, Zip, Country]

[Contact Phone]

SHIP TO (IF DIFFERENT)
[Delivery Address]

[Customs Broker Info]

Port of Loading: [Location]

Port of Discharge: [Location]

Description of Linen Goods (Weight, Weave, Color)	HS Code	Quantity (Meters/Yards)	Unit Price	Total Amount
[Item Name / SKU] [e.g. 100% Pure Linen, 180 GSM, Bleached White]	[5309.xx]	[0.00]	[0.00]	[0.00]
[Item Name / SKU] [e.g. Linen-Cotton Blend, Plain Weave, Natural]	[5309.xx]	[0.00]	[0.00]	[0.00]

Description of Linen Goods (Weight, Weave, Color)	HS Code	Quantity (Meters/Yards)	Unit Price	Total Amount
			Subtotal	[0.00]

PAYMENT TERMS & SHIPPING

Incoterms: [e.g. FOB, CIF, EXW]

Payment: [e.g. T/T, L/C, Net 30]

Estimated Ship Date: [Date]

BANK DETAILS

Bank: [Name] | SWIFT: [Code] | Account: [Number]

Shipping & Handling [0.00]
Insurance [0.00]
TOTAL [CURRENCY] [0.00]

Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

AUTHORIZED SIGNATURE