PROFORMA INVOICE

EXPORTER / SHIPPER:

[Company Name]
[Address Line 1]
[Address Line 2]
[Country]
Tax ID / VAT: _____

INVOICE NO: [P.I. Number]
DATE: [Date]
PAYMENT TERMS: [e.g., L/C, T/T]
CURRENCY: [USD/EUR]

CONSIGNEE / IMPORTER:

[Company Name]
[Address Line 1]
[City, Postal Code]
[Country]
Contact: _____

LOGISTICS DETAILS:
Port of Loading: [Port, Country]
Port of Discharge: [Port, Country]
Incoterms: [e.g., CIF, FOB]
Est. Shipping Date: [Date]

Description of Goods (Synthetic Fibers)	HS Code	Quantity	Unit	Unit Price	Total Amount
[Polyester / Nylon / Acrylic Fiber Name]	[5402.xx]	[Amount]	[KG/MT]	[Price]	[Amount]
[Specific Grade / Denier / Color]					
Sub-Total:				[0.00]	

Freight / Insurance:	[0.00]
TOTAL VALUE:	**[0.00]**

BANKING DETAILS:
Bank Name: [Name]
Swift Code: [Code]
Account Number: [Number]
Beneficiary Name: [Name]

Packing Details: [Bales/Pallets], [Net Weight] KG, [Gross Weight] KG

Country of Origin: [Country Name]

Authorized Signature / Stamp