CONSIGNMENT PROFORMA INVOICE

Date: _____
Invoice #: _____

Consignor (Shipper)
Contact Name / Phone
Consignee (Recipient)
Destination Address / Phone

Style/SKU	Description of Textile Goods (Composition/Color/Size)	Quantity	Unit	Unit Price	Total Value

Subtotal: _____
Shipping/Insurance: _____
Total Declared Value: _____

Transport Details Mode of Transport: _____
Country of Origin: _____
Gross Weight: _____
Consignment Terms Commission Rate: _____ %
Payment Terms: _____
Insurance Responsibility: _____

"Goods are shipped on a consignment basis only. Title remains with Consignor until sale to third party."

Authorized Signature