PROFORMA INVOICE

[Company Name]
[Factory Address]
[City, Country]
VAT/Tax ID: [Number]

PI No: [_____]
Date: [_____]
Expiry Date: [_____]

Consignee (Bill To)

[Customer Name]
[Billing Address]
[City, Country]
Contact: [Name/Phone]

Delivery Details (Ship To)

[Shipping Address/Port of Discharge]
Incoterms: [e.g., FOB, CIF]
Mode of Transport: [Sea/Air/Road]

Fabric/Garment Description	Composition/GSM	Color/Lab Dip	Quantity	Unit	Price/Unit	Total

Subtotal: [Currency] 0.00
Shipping/Freight: [Currency] 0.00

Total Amount: [Currency] 0.00

Payment & Supply Terms

Bank: [Name] | **SWIFT:** [Code] | **IBAN:** [Number]
Payment: [e.g., 30% Deposit, 70% against BL]
Lead Time: [Number] days from L/C or Deposit receipt.
Country of Origin: [Country Name]

Authorized Signature

Customer Acceptance