

PROFORMA INVOICE

Date: [Date]
Invoice #: [Number]

[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

BILL TO / SHIP TO

[Client Name]
[Facility/Hospital Name]
[Street Address]
[City, State, Zip]

PAYMENT & SHIPPING TERMS

Currency: [USD/EUR]
Payment Terms: [e.g., 50% Deposit]
Est. Shipping Date: [Date]
Method: [Air/Freight]

Item Description	SKU/Model	Qty	Unit Price	Total
[Treadmill / Elliptical / Cycle]	[Model #]	[0]	[0.00]	[0.00]
[Cardiology Monitor / ECG]	[Model #]	[0]	[0.00]	[0.00]
[Extended Warranty / Calibration]	[Service]	[0]	[0.00]	[0.00]

Subtotal: [0.00]
Shipping & Handling: [0.00]
Tax: [0.00]

Total Amount Due: [0.00]

BANKING DETAILS

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

Note: This proforma invoice is valid for [30] days. Goods will be dispatched only after receipt of confirmed payment.