

PROFORMA INVOICE

Date:
Proforma No:

SELLER / EXPORTER
BILL TO / CONSIGNEE

Equipment Description (Ophthalmic)	Model/SKU	Qty	Unit Price	Total Amount

Subtotal:
Shipping & Insurance:
Grand Total (Currency):

PAYMENT TERMS & BANK DETAILS

Estimated Lead Time
Incoterms (e.g. CIF, EXW)

Validity: This proforma invoice is valid for 30 days from the date of issue.

Authorized Signature

Company Stamp