PROFORMA INVOICE

Date: _____
PI Number: _____

[Seller Company Name]
[Street Address]
[City, State, Zip, Country]
[Tax ID / VAT Number]
[Contact Email/Phone]

Consignee / Bill To: [Company Name]
[Street Address]
[City, Country]
[Contact Person]
[Phone Number]
Shipping Details: Port of Loading: _____
Port of Discharge: _____
Incoterms 2020: _____
Est. Ship Date: _____
Payment Method: _____

Item Description / HS Code	Spec/Grade	Quantity	Unit	Unit Price	Amount

Subtotal: [Currency] _____
Shipping & Freight: _____
Insurance: _____

Total Payable: _____

Banking & Commercial Terms:

Bank Name: _____ | **SWIFT/BIC:** _____
IBAN/Account: _____ | **Beneficiary:** _____

1. Country of Origin: _____
2. Packing: Standard Export Sea-worthy Packing.
3. Validity: This proforma invoice is valid for ____ days.
4. Remarks: _____

Seller Signature & Stamp

Buyer Acceptance