PROFORMA INVOICE

Date: _____
Invoice #: _____

EXPORTER / SHIPPER

[Company Name]
[Street Address]
[City, Country, Zip]
Phone: [Phone Number]

CONSIGNEE / IMPORTER

[Recipient Name]
[Delivery Address]
[City, Country, Zip]
Tax ID/VAT: _____

SHIPPING DETAILS

Port of Loading: _____
Port of Discharge: _____
Mode of Transport: Cold Chain / Air / Sea

PAYMENT TERMS

Incoterms: _____
Currency: _____
Payment Method: _____

Description of Vegetables	Variety/Grade	Quantity (Kg/Crate)	Unit Price	Amount
[Product Name]	[Details]			
[Product Name]	[Details]			
[Product Name]	[Details]			

Subtotal: _____
Shipping/Freight: _____

Total Amount: _____

DECLARATION & NOTES

1. We certify that the goods are of [Country] origin.

2. Perishable goods - Keep refrigerated at [Temp]C.

3. Phytosanitary Certificate No: _____

Authorized Signature: _____