PROFORMA INVOICE

Horticulture Export License No: _____

Invoice #: _____
Date: _____
Phytosanitary Cert #: _____

EXPORTER / SHIPPER

Name: _____
Address: _____
_____
Country: _____
Contact: _____

CONSIGNEE / IMPORTER

Name: _____
Address: _____
_____
Country: _____
Contact: _____

SHIPMENT DETAILS

Port of Loading: _____
Port of Discharge: _____
Final Destination: _____
Mode of Transport: [ ] Air [ ] Sea

PAYMENT & INCOTERMS

Incoterms 2020: _____
Currency: _____
Payment Terms: _____
Est. Delivery Date: _____

Botanical Name / Description of Goods	HS Code	Quantity	Unit Type	Unit Price	Total

Botanical Name / Description of Goods	HS Code	Quantity	Unit Type	Unit Price	Total

Subtotal: _____
Freight Charges: _____
Insurance: _____

TOTAL AMOUNT: _____

Declaration: *We declare that the plants/plant products described above were inspected according to appropriate procedures and are considered to be free from quarantine pests and conform with the current phytosanitary requirements of the importing country.*

Bank Details:
Bank Name: _____
SWIFT/BIC: _____
Account No: _____

Authorized Signature & Company Stamp

* This is a Proforma Invoice and is not for tax purposes until a Commercial Invoice is issued.