PROFORMA INVOICE

[Exporter Name]
[Address Line 1]
[Tax ID / VAT Number]
[Contact Email/Phone]

Date: _____
Invoice #: _____
P.O. #: _____

Consignee (Buyer) [Company Name]
[Address]
[Country]
[Contact Person]
Notify Party [Name/Company]
[Address]
[Contact Details]

Shipping Details **Vessel/Flight:** _____
Port of Loading: _____
Port of Discharge: _____
ETD: _____
Payment & Incoterms **Incoterms:** [e.g. FOB, CIF, CFR]
Payment Terms: [e.g. L/C at Sight, T/T]
Currency: USD

Description of Goods	Polarization	Quantity (MT)	Unit Price	Total Amount
Raw Cane Sugar Crop Year: [Year] Packaging: [e.g. 50kg PP Bags / Bulk]	[Min. 99.x]			
Subtotal:				
Freight/Insurance:				

TOTAL VALUE:	$

Banking Details **Bank Name: _____ | SWIFT/BIC: _____**
Account Name: _____ | IBAN/Account #: _____

Terms & Conditions

1. Quality and Weight inspection by [SGS/Intertek] at port of loading.
2. This proforma invoice is valid until: [Date].

Authorized Signature & Stamp