

[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

PROFORMA INVOICE

Date: [Date]
Invoice #: [INV-000]
Warehouse: [Location ID]

BILLING DETAILS

[Customer Name]
[Customer Address]
[Contact Person]
Tax ID: [VAT/TIN Number]

SHIPPING DETAILS

[Shipping Method]
[Delivery Address]
Exp. Ship Date: [Date]
Terms: [e.g. Net 30]

SKU / Item ID	Description	Qty	Unit Price	Total
[SKU-001]	[Product Name/Description]	[0]	[0.00]	[0.00]
[SKU-002]	[Product Name/Description]	[0]	[0.00]	[0.00]

Subtotal: [0.00]
Tax ([0] %): [0.00]

Shipping: [0.00]
Grand Total: [Currency] [0.00]

NOTES & BANK INFORMATION

Beneficiary: [Account Name] | Bank: [Bank Name] | SWIFT/BIC: [Code] | IBAN: [Number]

Note: This is a proforma invoice for inventory reservation. Goods will be dispatched upon payment confirmation.