

PROFORMA INVOICE

INVOICE NO:

[]

DATE:

[]

WAREHOUSE PROVIDER

[Company Name]

[Street Address]

[City, State, Zip]

[Tax ID / VAT No]

BILL TO

[Customer Name]

[Customer Address]

[Contact Email/Phone]

SHIPMENT / LOGISTICS INFO

Storage Zone: []

Handling Type: []

Estimated Shipping Date: []

SKU / Item ID	Description of Goods/Services	Quantity	Unit Price	Total
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]

Subtotal []

Warehousing & Handling []

Tax / VAT ([]%) []

TOTAL AMOUNT []

PAYMENT TERMS & NOTES

- This is a proforma invoice, not a VAT invoice.
- Please quote invoice number for all bank transfers.
- Valid for [] days from the date of issue.

Automated Warehouse Management System | Generated Electronically | No Signature Required