

PROFORMA INVOICE

Reference No: _____

Date: _____

Sender / Exporter:

[Company Name]

[Address Line 1]

[City, State, Zip]

[Tax ID/VAT No]

Ship To (Fulfillment Center):

[Warehouse Name]

[C/O Department]

[Full Address]

[Contact Phone]

Bill To:

[Company Name]

[Billing Address]

[Email/Contact]

SKU / Item Code	Description of Goods	HS Code	Qty	Unit Value	Total Value

Shipping Information:

Carrier: _____

Tracking/AWB: _____

Incoterms: _____

Total Cartons: _____

Subtotal: 0.00

Shipping/Freight: 0.00

Insurance: 0.00

Total Declared Value: [Currency] 0.00

Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct. These goods are for fulfillment inventory purposes and not for immediate retail sale at this location.

Authorized Signature: _____ Date: _____