

PROFORMA INVOICE

No: _____

Date: _____

[Seller Company Name]

[Tax ID / VAT Number]

[Address Line 1]

[City, Country, Zip]

BILL TO:

[Customer Name]

[Address Line 1]

[City, State, Zip]

[Country]

[Phone/Email]

SHIP TO:

[Receiver Name]

[Address Line 1]

[City, State, Zip]

[Country]

[Phone/Email]

Shipping Method: [Carrier Name]

Incoterms: [e.g. DAP / CIF]

Payment Terms: [e.g. Prepayment]

Currency: [e.g. USD / EUR]

Port of Loading: [City, Country]

Country of Origin: [Country Name]

SKU / HS Code	Description of Goods	Qty	Unit Price	Total
[HS: 0000.00]	[Item Name & Specification]	0	0.00	0.00
[HS: 0000.00]	[Item Name & Specification]	0	0.00	0.00

Subtotal	0.00
Shipping	0.00
Insurance	0.00
GRAND TOTAL	0.00

Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signature / Stamp