

PROFORMA INVOICE

Invoice #: [Number]
Date: [Date]
Order ID: [Platform ID]

Seller (Exporter)

[Store Name]
[Business Address]
[City, State, Zip]
[Tax ID/VAT Number]

Buyer (Consignee)

[Customer Name]
[Shipping Address]
[City, State, Zip]
[Country]

Item Description	Unit Price	Quantity	Total
[Product Name/SKU]	\$0.00	[Qty]	\$0.00
[Product Name/SKU]	\$0.00	[Qty]	\$0.00
		Subtotal	\$0.00
		Shipping	\$0.00
		Tax/VAT	\$0.00
		Grand Total	\$0.00

Payment Terms: Pre-paid via [Payment Method]

Notes: Goods will be shipped directly from our international distribution center. Customs duties and import taxes are the responsibility of the recipient where applicable.