

PROFORMA INVOICE

[Document Number]

DATE

[DD/MM/YYYY]

SELLER / EXPORTER

[Company Name]
[Tax ID / VAT Number]
[Street Address]
[City, State, Zip]
[Country]
[Phone/Email]

CONSIGNEE / SHIP TO

[Customer Name]
[Street Address]
[City, State, Zip]
[Country]
[Phone/Email]

Description of Goods	HS Code	Qty	Unit Price	Total
[Product Name/SKU]	[Code]	0	0.00	0.00
[Product Name/SKU]	[Code]	0	0.00	0.00

Subtotal

[Currency] 0.00

Shipping

0.00

Total Amount

[Currency] 0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name]

SWIFT/BIC: [Code]

IBAN/Account: [Number]

SHIPPING TERMS

Incoterms: [e.g. DAP/EXW]

Carrier: [Courier Name]

Est. Weight: [0.00 kg]

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