

[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Email / Phone]

PROFORMA INVOICE

Invoice #: [PI-0000]
Date: [Date]
Expiry: [Date]

BILL TO

[Client Name]
[Customer Address]
[City, State, Zip]
[Tax ID / VAT]

SHIP TO

[Recipient Name]
[Shipping Address]
[City, State, Zip]
[Shipping Method]

Description	SKU	Qty	Unit Price	Amount
[Product Name/Description]	[SKU-001]	0	\$0.00	\$0.00
[Product Name/Description]	[SKU-002]	0	\$0.00	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00

Shipping: \$0.00
Total Amount: \$0.00

PAYMENT TERMS & NOTES

Bank: [Bank Name] | Account: [Account Number] | SWIFT/BIC: [Code]
Please reference Proforma Invoice # above when making payment. Goods will be dispatched upon receipt of cleared funds.