

# PROFORMA INVOICE

# [Document Number]

Date: [Date]

**[Seller Company Name]**

[Address Line 1]

[City, State, Zip]

[Tax ID / VAT Number]

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**BILL TO:**

[Customer Name]

[Billing Address]

[City, State, Zip]

[Phone/Email]

**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]

Shipping: [0.00]

Tax: [0.00]

Total ([Currency]): [0.00]

**PAYMENT INSTRUCTIONS / NOTES:**

Bank: [Bank Name]

SWIFT/BIC: [Code]

IBAN: [Number]

Terms: [e.g., Net 30]

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This is a proforma invoice, not a tax invoice. Goods will be dispatched upon receipt of full payment. Valid for [30] days.