

[MANUFACTURER NAME]

[Factory Address]
[City, Country]
VAT: [Tax ID Number]

PROFORMA INVOICE

No: [PI-0000]
Date: [YYYY-MM-DD]

BILL TO:

[Customer Name]
[Billing Address]
[Contact Number]

SHIP TO:

[Consignee Name]
[Delivery Address]
[Port of Discharge]

Fabric/Item Description	Composition	GSM/Width	Quantity	Unit Price	Total

Subtotal: 0.00
Shipping/Freight: 0.00

Total Amount: [Currency] 0.00

Payment Instructions:

Bank Name: [Name]

SWIFT/BIC: [Code]

IBAN/Account No: [Number]

Payment Terms: [e.g., 30% Deposit, 70% before Shipment]

Terms & Conditions: Delivery Lead Time: [X] Days. Shipping Incoterms: [FOB/CIF]. Quality standard as per approved swatches.

Authorized Signature & Stamp