PROFORMA INVOICE

Date: _____
Invoice #: _____

SELLER / EXPORTER
[Company Name]
[Address Line 1]
[City, Country]
[VAT/Tax ID]

CONSIGNEE / IMPORTER
[Company Name]
[Address Line 1]
[City, Country]
[Contact Phone]

SHIPMENT DETAILS
Port of Loading: _____
Port of Discharge: _____
Incoterms: _____
Est. Delivery: _____

Description of Machinery (Make, Model, Year)	Serial Number / VIN	HS Code	Qty	Unit Price	Amount
		8427.20			

Subtotal: _____
Freight/Shipping: _____
Insurance: _____
TOTAL [CURRENCY]: _____

PAYMENT INSTRUCTIONS

Bank Name: _____
SWIFT/BIC: _____
IBAN/Account #: _____
Reference: _____

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

Authorized Signature & Stamp