

PROFORMA INVOICE

Proforma Invoice					
Date: _____ Proforma invoice #: _____					
SENT BY					
Company Name: _____ Name/Department: _____ Address: _____ City/State/Postal Code: _____ Country: _____ Tel./Fax No: _____					
SENT TO				AIRWAYBILL No.	
Company Name: _____ Name/Department: _____ Address: _____ City/State/Postal Code: _____ Country: _____ Phone No.: _____				Number of pieces: _____ Total Gross Weight: _____ Total Net Weight: _____ Carrier: _____	
Description of goods	Quantity	Price (\$)/Unit	Fees/Taxes	Shipping	SubTotal
Currency _____					Total Value

Term of transportation: _____

Reason for Export: _____

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I declare that the information mentioned above is true and correct to the best of my knowledge.

Signature: _____ Stamp: _____

Name: _____ Date: _____