PROFORMA INVOICE

Date	Invoice No
Bill To : [Company Name] [Address] [City/State/ZIP Code] [Country] [Phone/Fax] [Contact Person]	Ship To : [Company Name] [Address] [City/State/ZIP Code] [Country] [Phone/Fax] [Contact Person]

Total Gross Weight	Transportation	Pay To: [Bank Name] [Bank Account Name] [Bank Account #] [SWIFT #]	Terms of Sale:
Total # of Pieces	Currency		

Description	Qty	UOM	Unit Price	Total Amount

Notes	Subtotal	
	Freight Cost	
	Insurance Cost	
	Total Invoice Value	

Name	Signature	Date

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