

# PROFORMA INVOICE

Invoice No.:  
Date:  
Reference:

**Seller:**  
Company:  
Address:  
Contact:  
Email:

**Buyer:**  
Company:  
Address:  
Contact:  
Email:

No.	Description of Goods	HS Code	Quantity	Unit	Unit Price	Amount

Subtotal:  
Shipping:  
Other:  
**Total:**

Terms of Payment:  
Delivery Terms:  
Port of Loading:  
Port of Destination:  
Delivery Time:  
Currency:

Seller's Authorized Signature:

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Buyer's Authorized Signature:  
  
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