

PROFORMA INVOICE

No.:

SENT BY:	SENT TO:
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY/POSTAL CODE:	CITY/POSTAL CODE:
COUNTRY:	COUNTRY:
TEL NO.:	TEL NO.:

AIRBILL No.:

DATE:

NO. PIECES:

DIMENSIONS:

TOTAL WEIGHT:

CARRIER:

FULL DESCRIPTION OF GOODS	CUSTOM COMMODITY CODE	COUNTRY OF ORIGIN	QTY	UNIT VALUE AND CURRENCY	SUB TOTAL VALUE AND CURRENCY

TOTAL VALUE AND CURRENCY

VALUE FOR CUSTOMS PURPOSE ONLY NO COMMERCIAL VALUE

REASON FOR EXPORT:

TERMS OF DELIVERY:

TERMS OF PAYMENT:

Signature and Status of Authorized Person

Date

Place