PROFORMA INVOICE

Date	Invoice No

Bill To :	Ship To :
[Company Name] [Address] [City/State/ZIP Code] [Country] [Phone/Fax] [Contact Person]	[Company Name] [Address] [City/State/ZIP Code] [Country] [Phone/Fax] [Contact Person]

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

Description	Qty	UOM	Unit Price	Total Amount

Notes		
	Subtotal	
	Freight Cost	
	Insurance Cost	
	Total Invoice Value	