PROFORMA INVOICE

BILL TO:

Company Name
Contact Person
Address
City, State, ZIP
Country
Phone
Fax
Email
Business ID

SHIP TO:

Company Name
Contact Person
Address
City, State
Country, ZIP
Phone
Fax

SHIP VIA:

SHIP BY DATE:

REMARKS:

PRODUCT CODE	DESCRIPTION OF ITEMS	QTY	PRICE USD	CARTON QTY	CARTON WEIGHT	UNIT	TOTAL WEIGHT

CODE NUMBER:

INVOICE NUMBER:

SHIPPING OR MISC INSTRUCTIONS:

CREDIT REVIEW:

ORDER ISSUED BY:

APPROVED: