# 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: