

PROFORMA INVOICE



Proforma Invoice

Date: _____
 Proforma invoice #: _____

SENT BY

Company Name: _____
 Name/Department: _____
 Address: _____
 City/State/Postal Code: _____
 Country: _____
 Tel./Fax No: _____

SENT TO	AIRWAYBILL No.
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Company Name: _____
 Name/Department: _____
 Address: _____
 City/State/Postal Code: _____
 Country: _____
 Phone No.: _____

Number of pieces: _____
 Total Gross Weight: _____
 Total Net Weight: _____
 Carrier: _____

Description of goods	Quantity	Price (£)/Unit	Fees/Taxes	Shipping	SubTotal
Currency _____ Total Value					

Term of transportation: _____
 Reason for Export: _____

I declare that the information mentioned above is true and correct to the best of my knowledge.
 Signature: _____ Name: _____ Date: _____