

Pro Forma Invoice

(VALUE FOR CUSTOMS PURPOSES ONLY)

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| Shipper Details: | |
| Company: | <input style="width: 85%;" type="text"/> |
| Address line 1: | <input style="width: 85%;" type="text"/> |
| Address line 2: | <input style="width: 85%;" type="text"/> |
| Postcode / City: | <input style="width: 20%;" type="text"/> <input style="width: 65%;" type="text"/> |
| Country: | <input style="width: 85%;" type="text"/> |
| Sender Name: | <input style="width: 85%;" type="text"/> |
| Phone: | <input style="width: 85%;" type="text"/> |
| Email: | <input style="width: 85%;" type="text"/> |

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| Invoice Number (optional): | <input style="width: 35%;" type="text"/> |
| Shipping Date: | <input style="width: 35%;" type="text"/> |
| RMA / Ref. number: | <input style="width: 35%;" type="text"/> |
| Currency: | <input style="width: 35%;" type="text"/> |
| Reason for export: | <input style="width: 35%;" type="text"/> |
| Sender VAT number: | <input style="width: 35%;" type="text"/> |
| Receiver VAT number: | <input style="width: 35%;" type="text"/> |
| Terms of sale (Invoterms): | <input style="width: 35%;" type="text"/> |

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| Receiver Details: | |
| Company: | <input style="width: 85%;" type="text"/> |
| Address line 1: | <input style="width: 85%;" type="text"/> |
| Address line 2: | <input style="width: 85%;" type="text"/> |
| Postcode / City: | <input style="width: 20%;" type="text"/> <input style="width: 65%;" type="text"/> |
| Country: | <input style="width: 85%;" type="text"/> |
| Sender Name: | <input style="width: 85%;" type="text"/> |
| Phone: | <input style="width: 85%;" type="text"/> |
| Email: | <input style="width: 85%;" type="text"/> |

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| Additional Info: |
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| Description of goods | Quantity | Weight (kg) | Unit value | Commodity (HS) code | Country of origin | Total weight (kg) | Total value |
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|--|---|-----------------------|--|-----------|--|-----------|--|-----------------|--|------------------|--|--------------|--|-----------------------|--|
| Number of packages in the shipment: <input style="width: 50px;" type="text"/> | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 85%;">Total shipment value:</td><td><input style="width: 15%;" type="text"/></td></tr> <tr><td>Discount:</td><td><input style="width: 15%;" type="text"/></td></tr> <tr><td>Subtotal:</td><td><input style="width: 15%;" type="text"/></td></tr> <tr><td>Shipping costs:</td><td><input style="width: 15%;" type="text"/></td></tr> <tr><td>Insurance costs:</td><td><input style="width: 15%;" type="text"/></td></tr> <tr><td>Other costs:</td><td><input style="width: 15%;" type="text"/></td></tr> <tr><td>Total declared value:</td><td><input style="width: 15%;" type="text"/></td></tr> </table> | Total shipment value: | <input style="width: 15%;" type="text"/> | Discount: | <input style="width: 15%;" type="text"/> | Subtotal: | <input style="width: 15%;" type="text"/> | Shipping costs: | <input style="width: 15%;" type="text"/> | Insurance costs: | <input style="width: 15%;" type="text"/> | Other costs: | <input style="width: 15%;" type="text"/> | Total declared value: | <input style="width: 15%;" type="text"/> |
| Total shipment value: | <input style="width: 15%;" type="text"/> | | | | | | | | | | | | | | |
| Discount: | <input style="width: 15%;" type="text"/> | | | | | | | | | | | | | | |
| Subtotal: | <input style="width: 15%;" type="text"/> | | | | | | | | | | | | | | |
| Shipping costs: | <input style="width: 15%;" type="text"/> | | | | | | | | | | | | | | |
| Insurance costs: | <input style="width: 15%;" type="text"/> | | | | | | | | | | | | | | |
| Other costs: | <input style="width: 15%;" type="text"/> | | | | | | | | | | | | | | |
| Total declared value: | <input style="width: 15%;" type="text"/> | | | | | | | | | | | | | | |

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| I declare that all information contained in this invoice to be true and correct. | |
| Name: | <input style="width: 85%;" type="text"/> |
| _____ Signature of the shipper/exporter | |