Proforma Invoice

Sent by						
Company name:						
Name/department:						
Address:						
City postal code:	1					
Tel:						
Fax:						
VAT registration No:						
EORI No:						
Sent to						
Company name:						
Name/department:						
Address:						
City postal code:						
Tel:						
Fax:						
VAT registration No:						
EORI No:						
Airbill No:	7					
Invoice No:						
Number of pieces:	7					
Total gross weight:	7					
Total net weight:	7					
Carrier:	7					
JETPAK						
	Customs				Sub	total
Full description of goods	commodity	origin		fand	value	and
	code		units	currency	currenc	У
					_	
	Total value and currency:					
Reason for export:						
Terms of delivery:						
I declare that the above informat	ion is true and	d correct to the	ne best of my	knowledge.		
Date:			_			
Signature:			Printed nar	ne:		