

HOW TO SUBMIT THIS FORM

- 1. Save a copy of this form to your computer.
- 2. Open the copy you saved and fill out **ALL INFORMATION** or we cannot process the form.
- 3. Print the form out,
- 4. Sign the form.
- 5. Fax the signed form to 305-718-8189
- 6. Questions? Phone: 305-593-2997

PROFORMA INVOICE

Date _____

From: _____

Address: _____ City: _____ State: _____

Zip: _____ Country: _____

To: _____

Address: _____ City: _____ State: _____

Zip: _____ Country: _____

QUANTITY	DESCRIPTIONS	WEIGHT	UNIT	TOTAL VALUE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Country of Origin _____

Signed By