| Proforma | invoice | | | |
|---|---------|--------------|-------|--|
| Invoice no.: Date: | | | | |
| Sender: | | | | |
| Company/Name: | | | | |
| Street: | | | | |
| Country/ZIP/City: | | | | |
| Contact Person: | | | | |
| Phone: | | | | |
| Consignee: | | | | |
| Company/Name: | | | | |
| Street: | | | | |
| Country/ZIP/City: | | | | |
| Contact Person: | | | | |
| Phone: | | | | |
| Net weight: | | | | |
| Gross weight: | | | | |
| Quantity, detailed description of goods: Country of origin: Value: | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | TOTAL | |
| I declare that the above information is true and correct to the best of my knowledge. | | | | |
| | | | | |
| Place, date | | Stamp, signa | ture | |