Company Name: Street Address 1: Street Address 2: City, State ZIP Code: Phone Number: Email Address:			PRO FORMA INVOICE  DATE: INVOICE NUMBER:			
				1		
BILL TO:				SHIP TO:		
Name:				Name:		
Address:				Address:		
City, State ZIP:				City, State ZIF	D:	
Country:				Country:		
Phone: Phone:						
	T DETAILS:			INIOO T		
Mode of Transportation:			INCO Terms:			
AWB/BL #:				Dimensions:		
Number of Packages:						
Weight (kilos):				] [		
ITEM #	DESCRIP	TION	TARIFF CLASSIFICATION #	QTY.	UNIT PRICE	TOTAL PRICE
TOTAL						

This invoice is for export/import purposes only and not intended for payment purposes.

Company:

Alternate Phone:

Date:

Phone:

Special Notes:

Authorized Signature:

Print Name:

Title:

Email: