

PROFORMA INVOICE

<p>Sent by</p> <p>Company name <input style="width: 95%;" type="text"/></p> <p>Name/department <input style="width: 95%;" type="text"/></p> <p>Address <input style="width: 95%; height: 30px;" type="text"/></p> <p>Telephone <input style="width: 95%;" type="text"/></p> <p>E-mail <input style="width: 95%;" type="text"/></p> <p>VAT registration No <input style="width: 95%;" type="text"/></p>	<p>AWB No <input style="width: 95%;" type="text"/></p> <p>Invoice No <input style="width: 95%;" type="text"/></p> <p>Number of pieces <input style="width: 95%;" type="text"/></p> <p>Total gross weight <input style="width: 95%;" type="text"/></p> <p>Total net weight <input style="width: 95%;" type="text"/></p> <p>Carrier</p>																																										
<p>Buyer</p> <p>Company name <input style="width: 95%;" type="text"/></p> <p>Name/department <input style="width: 95%;" type="text"/></p> <p>Address <input style="width: 95%; height: 30px;" type="text"/></p> <p>Telephone <input style="width: 95%;" type="text"/></p> <p>E-mail <input style="width: 95%;" type="text"/></p> <p>VAT registration No <input style="width: 95%;" type="text"/></p>	<p>Delivery to (if different from the buyer)</p> <p>Company name <input style="width: 95%;" type="text"/></p> <p>Name/department <input style="width: 95%;" type="text"/></p> <p>Address <input style="width: 95%; height: 30px;" type="text"/></p> <p>Telephone <input style="width: 95%;" type="text"/></p> <p>E-mail <input style="width: 95%;" type="text"/></p> <p>VAT registration No <input style="width: 95%;" type="text"/></p>																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Full description of goods</th> <th style="width: 10%;">Customs commodity code</th> <th style="width: 10%;">Country of origin</th> <th style="width: 10%;">Quantity/ Number of units</th> <th style="width: 10%;">Unit value and currency</th> <th style="width: 10%;">Sub total value and currency</th> </tr> </thead> <tbody> <tr><td><input style="width: 95%; height: 20px;" type="text"/></td><td><input style="width: 95%; height: 20px;" type="text"/></td></tr> <tr><td><input style="width: 95%; height: 20px;" type="text"/></td><td><input style="width: 95%; height: 20px;" type="text"/></td></tr> <tr><td><input style="width: 95%; height: 20px;" type="text"/></td><td><input style="width: 95%; height: 20px;" type="text"/></td></tr> <tr><td><input style="width: 95%; height: 20px;" type="text"/></td><td><input style="width: 95%; height: 20px;" type="text"/></td></tr> <tr><td><input style="width: 95%; height: 20px;" type="text"/></td><td><input style="width: 95%; height: 20px;" type="text"/></td></tr> <tr><td><input style="width: 95%; height: 20px;" type="text"/></td><td><input style="width: 95%; height: 20px;" type="text"/></td></tr> </tbody> </table>		Full description of goods	Customs commodity code	Country of origin	Quantity/ Number of units	Unit value and currency	Sub total value and currency	<input style="width: 95%; height: 20px;" type="text"/>																																			
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<p>Reason for export <input style="width: 95%; height: 20px;" type="text"/></p> <p>Terms of delivery <input style="width: 95%; height: 20px;" type="text"/></p> <p>I declare that the above information is true and correct to the best of my knowledge.</p> <p>Date <input style="width: 95%; height: 20px;" type="text"/></p> <p>Name <input style="width: 95%; height: 20px;" type="text"/> Signature _____</p>																																											

