

PROFORMA INVOICE

FREE OF CHARGE DELIVERY

SENDER	RECEIVER
Name:	Name:
Address:	Address:
ZIP / City / Country:	ZIP / City / Country:
Contact / phone number:	Contact / phone number:
VAT nr / Tax ID:	

Reason for Export:

Date:

Carrier:

Description of Goods:	Custom Commodity Code:	Country of Origin:	Price per Item and Currency:	Subtotal and Currency:
			Total:	

Gross Weight [kg]:

Net. Weight [kg]:

Nr. of Parcels:

Terms of Delivery:

I declare that the above information is true and correct and to my best knowledge.

Signature

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Place / Date

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