

[Your Company Name]

# PRO FORMA INVOICE

(Sales Confirmation)

[Street Address]

[City, ST ZIP Code]

Phone [509.555.0190] Fax [509.555.0191]

PRO FORMA INVOICE # [100]

DATE: MARCH 18, 2009

<b>For the Account of:</b> <i>Insert Buyer Name address and contact details</i>
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Validity	Buyers Purchase Order No & Date	Contract Terms	Mode of Transportation	Shipment From To
60 days	PO No. - Dated -	FOB <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> Other:	SEA <input type="checkbox"/> AIR <input type="checkbox"/> Multimodal <input type="checkbox"/>	
<b>Payment:</b>	<b>Packaging:</b>	<b>Shipment:</b>	<b>Remarks:</b>	
Against confirmed irrevocable Letter of Credit at sight.	Standard Export Pack	Within [ ] days after receipt of cleared payment	Letter of Credit negotiable in - Melbourne Australia All charges outside Australia on buyer's account Letter of Credit Advising Bank Preferred - (insert exporter's bank)	

Item Number	DESCRIPTION	QUANTITY	UNIT PRICE (USD)	TOTAL (USD)
0000101110	Product Description  Est. Dimensions: Est. Weight: Est. Volume: (CBM)  Country of Origin -	200pcs	50.00	10,000.00
<b>TOTAL FOB VALUE</b>				10,000.00
FREIGHT CHARGES				
<b>TOTAL - INCO TERMS &amp; PORT</b>				10,000.00

(Insert Exporters Company Name - Signature &/or Stamp)	Confirmed by Buyer
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[Your Company Name]

# COMMERCIAL INVOICE

[Street Address]

[City, ST ZIP Code]

Phone [509.555.0190] Fax [509.555.0191]

COMMERCIAL INVOICE #  
REFER PRO FORMA INVOICE # [100]  
DATE: MARCH 18, 2009

<b>For the Account of:</b> <i>Insert Buyer Name address and contact details</i>
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Buyers Purchase Order No & Date	Letter of Credit Detail	Carrier Voyage / Flight Number	Shipment on or about	Import Permit – License Number
PO No. – Dated -	L/C No: Dates: Issuing Bank:		ETD:	No: Dated:
From (Port of Loading)	To: (Port of Discharge)	Shipping Marks		
Via: (Trans ship at)	For: (Trans ship to)			

Item Number	DESCRIPTION	QUANTITY	UNIT PRICE (USD)	TOTAL (USD)
0000101110	Product Description  Country of Origin -  (Insert Exporters Company Name – Signature &/or Stamp)	200pcs	50.00	10,000.00

<b>TOTAL FOB VALUE</b>	10,000.00
FREIGHT CHARGES	
<b>TOTAL – INCO TERMS &amp; PORT</b>	10,000.00

(Insert Exporters Company Name – Signature &/or Stamp)
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**[Your Company Name]**

[Your Company Slogan]

# PACKLING LIST

[Street Address]

[City, ST ZIP Code]

Phone [509.555.0190] Fax [509.555.0191]

REFER COMMERCIAL INVOICE #[100]

DATE: MARCH 18, 2009

**TO:**

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

**SHIP TO:**

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

PLEASE CONTACT CONSIGNEE ON ARRIVAL OF GOODS

Purchase Order No. or Client Ref No.	Letter of Credit No	Proforma Invoice No			PACKING LIST REF
SAMPLE	N-A				

QUANTITY	DESCRIPTION	CBM	TOTAL WEIGHT
1	PALLET DIM (CMS) – 115 X 115 X 140 @ 260KGS VOL – 1.85 CBM CONSISTING OF 10 CARTONS	1.85	260KG
1	PALLET DIM (CMS) – 115 X 115 X 120 @ 220 KGS VOL – 1.59 CBM CONSISTING OF 8 CARTONS	1.59	220kg
SHIPPING MARKS	<b>MIKE HERMAN RACING KANNAPOLIS, N.C - USA</b>		
<b>TOTAL PCS</b>		<b>TOTAL CBM</b>	<b>TOTAL WEIGHT</b>
<b>2</b>		<b>3.44 CBM</b>	<b>480 KG</b>