

SENDER:

Name:

Address:

City/ZIP Code:

Country:

Ph nr/contact:

VAT nr / Tax ID.....

 PROFORMA INVOICE
RECEIVER:

Name:

Attn:

Address:

City/ZIP Code:

Country:

Ph nr/contact:

Consignment note:

Date:

Number of Parcels:

Total Gross Weight:

Total Net Weight:

CARRIER:

Full description of goods	Custom Commodity Code	Country of Origin	Pieces	Unit Value and Currency	Sub Total Value and Currency
				Total Value and Currency	

VALUE FOR CUSTOMS PURPOSE ONLY - NO COMMERCIAL VALUE

REASON FOR EXPORT:

TERMS OF DELIVERY:

IF IT REGARDS:

The exporter of the product covered by this document declares that, except where otherwise clearly indicated, these products are ofpreferential origin.

Place and date:

Name Signature:.....