


PROFORMA INVOICE

SHIPPER	CONSIGNEE
Company : Address : City/State : Zip Code : Country : Phone : Contact :	Company : Address : City/State : Zip Code : Country : Phone : Contact :
Express Carrier: 	Airwaybill # : <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Full Description of Goods	Part Number	Unit Weight	# of Units	Unit Value	Total Value
TOTAL :					

"I hereby declare that the above information is correct and true to the best of our knowledge and merchandise is of origin."

Reason of export :

Name :

Date :

Signature :