

PROFORMA INVOICE

PRELIMINARY BILLING ESTIMATE

Estimate No: _____

Date: _____

Valid Until: _____

SENDER / PROVIDER

RECIPIENT / CUSTOMER

DESCRIPTION	QTY	UNIT PRICE	TOTAL
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Subtotal: _____

Tax / VAT: _____

Shipping: _____

Estimated Total: _____

TERMS & PRELIMINARY CONDITIONS

PREPARED BY

CUSTOMER ACCEPTANCE SIGNATURE