



PRO FORMA INVOICE

Advance Payment Request

Date: _____
Pro Forma #: _____
Reference: _____

BILL TO

SHIP TO / DELIVER TO

DESCRIPTION OF GOODS / SERVICES	QTY	UNIT PRICE	TOTAL AMOUNT

Bank Wire Details (Advance Payment)

Bank Name: _____
BIC / Swift: _____
IBAN: _____
Account No: _____

Subtotal: _____
Tax / VAT: _____
Total Value: _____
Advance Due: _____

Terms & Conditions

This is a Pro Forma Invoice, not a tax invoice. Delivery of goods/services will initiate after the receipt of the requested advance payment.

Authorized Signature