

# PROFORMA INVOICE

ADVANCE BILLING / PREPAYMENT REQUIRED

**BILL TO**

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**SHIP TO / DELIVERY ADDRESS**

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PROFORMA NO.	DATE OF ISSUE	DUE DATE	CUSTOMER REF / PO	PAYMENT TERMS

DESCRIPTION OF GOODS / SERVICES	QTY	UNIT PRICE	VAT %	TOTAL AMOUNT

Subtotal

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VAT / Tax

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**Total Gross**

<b>Prepayment Due</b>	
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## PREPAYMENT & BANK WIRE INSTRUCTIONS

Please remit the prepayment amount indicated above to the following bank account. Mention the Proforma Invoice Number as the payment reference.

**Bank Name:**

**Account Name:**

**IBAN:**

**BIC / SWIFT:**

**Reference:**