



PROFORMA INVOICE

DEPOSIT & PREPAYMENT REQUIRED

Proforma No: _____
Date: _____
Expiry Date: _____

BUYER / BILL TO

SHIP TO (IF DIFFERENT)

| DESCRIPTION OF GOODS / SERVICES | QUANTITY | UNIT PRICE | TOTAL AMOUNT |
|---------------------------------|----------|------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Subtotal _____

Tax Rate (%) _____

Tax Amount _____

Total Proforma Value

| |
|--|
| Prepayment / Deposit Percentage |
| Total Deposit Due Now |

PREPAYMENT TERMS NOTICE

BANK TRANSFER INFORMATION (FOR DEPOSIT PAYMENT)

Beneficiary Name: _____ Bank Name: _____

Account Number / IBAN: _____ BIC / SWIFT: _____

Reference: _____

Authorized Signature (Seller)

Buyer Acceptance Signature

