

Invoice date	Invoice No.
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PROFORMA INVOICE

Sender	Invoicing address	Recipient	
Name	Name	Name	
Address	Address	Address	
Postal Code & City	Postal Code & City	Postal Code & City	
Country	Country	Country	
Phone	Phone	Phone	
Fax / E-mail address	VAT No.	Fax / E-mail address	VAT No.
VAT No.	Terms of delivery		

Number of parcels/items	Total gross weight	Total net weight

Quantity	Customs code/ statistical no	Net weight	Full description of goods	Country of origin	Value & currency

No charge, value for customs purpose only.	Freight cost
Type of shipment - mark with (X)	Total invoice value (currency)

<input type="checkbox"/> Gift	<input type="checkbox"/> Return after loan	<input type="checkbox"/> Exhibition/show	Other:
<input type="checkbox"/> For repair	<input type="checkbox"/> Return after repair	<input type="checkbox"/> Preparation	
<input type="checkbox"/> For repair guarantee	<input type="checkbox"/> Return for credit	<input type="checkbox"/> Sample	

Declaration of origin
 The exporter of the products covered by this document (Aut. No.) declares that, except where otherwise clearly indicated, these products are of EEA preferential origin.

Place	Date	Signature	Name