

PROFORMA INVOICE



BROKEN PRODUCT WITH NO COMMERCIAL VALUE. VALUE ONLY FOR CUSTOM PURPOSE.

TO:
Company Name _____
Address _____
City, State, ZIP _____
Country _____
Phone _____
Email _____

CUSTOMER INFORMATION:
Name _____
Address _____
City, State _____
Country, ZIP _____
Phone _____
email _____

DATE:

PRODUCT NAME	DESCRIPTION OF ITEMS (COLOUR)	QTY	UNIT PRICE €				TOTAL AMOUNT
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€1/PCS

The exporter of the products covered by this document declares that, except where otherwise clearly indicated, these products are of (UE COUNTRY) european community preferential origin

_____	_____
_____	_____
_____	_____
_____	_____