Uniform Software Ltd

PRO FORMA INVOICE

Street Address
City, ST ZIP Code
Phone Number,Web Address, etc.

DATE:
INVOICE #:
DATE OF EXPIRY:
CUSTOMER #:
SALES REP. NAME:

BILL TO	SHIP TO
Name	*Name*
Address	*Address*
City, State ZIP	*City, State ZIP*
Country	*Country*
Phone	*Contact*

SHIPPING DETAILS			
P.O.#		Mode of Transportation	
P.O. Date		Transportation Terms	
Letter of Credit		Number of Packages	
Currency		Est. Gross Weight	
Payment Term		Est Net Weight	
Est. Ship Date		Carrier	

ITEM #	TAX	DESCRIPTION	UNIT OF MEASURE	QUANTITY	UNIT PRICE	LINE TOTAL
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*** This is not a VAT invoice

SUBTOTAL		-
TAXABLE SUBTOTAL		-
TAX 1	8.000%	-
TAX 2	6.000%	-
SHIPPING & HANDLING		-
INSURANCE		-
LEGAL/CONSULAR		-
[other]		-
[other]		-
TOTAL		-

Special Notes, Terms of Sale

THANK YOU FOR YOUR BUSINESS!