Proforma Invoice								
XXX INTERI	Proforma Invoice Number			Profo	orma Invoice Date			
P: (000)000 EMAIL: INFO	References							
Bill To				Ship To				
Company Name			Company Name					
Contact Name			Contact Name					
Address			Address					
CityStateZipCountry			City State Zip Country					
Phone: Fax: Emai			il: Business ID:					
Ship Via		Ship by Date	Terms and Conditions of Delivery and Payment					
Product Code	Complete	e Description of Goods	Size	Color	Quantity	Unit Price USD	Amount USD	
Payment Method: Business Check Credit Card				Sub Total				
Card Number			Insurance					
Card TypeExp			Freight & Handling					
Name on Card				Total Invoice CIF Value				
Additional F								
			Confirmed	l by Custome	er	Date	Place	
		Page	1 of 1					