|  |  |  |
| --- | --- | --- |
|  |  | **PROFORMA INVOICE** |
|  |  | **YOUR COMPANY NAME**  Address - CITY ZIP Code  Phone - Email |

|  |  |  |
| --- | --- | --- |
| **BILLED TO**  Name  Street address  City, ST ZIP Code |  | **INVOICE NUMBER**  100 |
|  |  | **INVOICE DATE**  MM/DD/YYYY |
|  |  | **DUE DATE**  MM/DD/YYYY |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ID** | **Description** | **Price** | **QTY** | **Total** |
| 1 | Item 1 | $0.00 | **0** | $0.00 |
| 2 | Item 2 | $0.00 | **0** | $0.00 |
| 3 | Item 3 | $0.00 | **0** | $0.00 |
| 4 | Item 4 | $0.00 | **0** | $0.00 |
| 5 | Item 5 | $0.00 | **0** | $0.00 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **SUBTOTAL** | **$0.00** |
|  |  |  | **DISCOUNT** | **$0.00** |
|  |  |  | **TAX (TAX RATE %)** | **$0.00** |
|  |  |  | **TOTAL** | **$0.00** |

|  |  |  |
| --- | --- | --- |
| **TERMS AND CONDITIONS**  Thank you for your business! |  |  |