

# PROFORMA INVOICE

## Shipper's Information:

Name:
Address:
Telephone:
Fax:
Country:
VAT number:

## Consignee Information:

Name:
Address:
Telephone:
Fax:
Country:
VAT number:

## Shipping Information: (Filled Out of Jónar Transport)

AWB Number: \_\_\_\_\_

Forwarding Company: **JÓNAR TRANSPORT** \_\_\_\_\_

Date of Export: \_\_\_\_\_

Terms: \_\_\_\_\_

## Shipment Information:

Country of Origin: \_\_\_\_\_

Currency: \_\_\_\_\_

Reason for sending: \_\_\_\_\_

Quantity	Product Description	Unit Price	Total Price
Total Amount:			

Signature: \_\_\_\_\_