Your company Name and Legal Address

PROFORMA INVOICE

Logistica worldwide Cor (THIS WILL BE FILLED IN BY LC)																
2) Consignee Name THIS IS THE NAME OF THE COMPANY THE GOODS ARE BEING DELIVERED TO.																
Address branch office: DELIVERY ADDRESS																
Tele: No. CUSTOMERS TEL NO: (VERY IMPORTANT) Fax No. CUSTOMER FAX NO (VERY IMPORTANT)																
Contact Name CONTACT NAME OF CUSTOMER (VERY IMPORTANT)																
Consignee's VAT Number (YOUR CUSTOMERS VAT NO) Shipper's VAT Number (YOUR VAT NUMI											BER)					
5) Customs Tariff No:		7) Full Description of goods								8) Total Value for Customs						
This is the Harmonized Code Given to the product for Export purposes. IF YOU DO NOT HAVE THIS INFORMATION PLEASE CONTACT YOUR LOCAL CHAMBER OF COMMERCE				This must be a accurate description of the goods.								This needs to be a true cost as customs may ask you to provide proof. TOTAL VALUE OF THE GOODS				
9) Dimensions of shipment (THIS IS THE LENGH, WIDTH AND HIGHT IN CM) = Total Weight Kgs																
10) Name & Address of Manufacturer (This can be your company name and address or the name and address of the company																
that made the goods)																
11) Reason for export (i.e. Repair, Return etc)																
12) Declaration – This section must be completed by all shipper, see overleaf. Country of Origin – (This is where the goods were made)																
13) On behalf of the above named company																
Name: This must be the person that completes this form Position in Company:																
Signature Please (Sign in Blue Ink)					Place of Signing Company Name											
14) Date of Collection NOTE: For all details of Export re	gulations, co	ontact you	ur loca	l custo	ms of	ficer	or the	depa	 rtmer	t of T	rade	and I	ndust	ry, Lo	ndon.	

Telephone – 020 7215 5000