

IMPORTANT: Please position this form on top of your letterhead and copy to produce a personalized form.

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PRO - FORMA INVOICE

1 CONSIGNEE (Complete name and address)	5 DATE
	6 EXPORT REFERENCE
	7 OTHER REMARKS
2 ATTENTION First Name Last Name	CARRIER : SKY NET Worldwide Express, 4 Rue de Berne – Rond Point d'Europe, 20100 Casablanca Anfa- Morocco. Tél.: +212.22.27.27.30 Fax : +212.22.27.26.91
3 TEL:	
4 FAX:	

8 TYPE OF PACKAGING	9 DETAILED DESCRIPTION OF GOODS	10 COUNTRY OF ORIGIN (or) MANUFACTURE	11 QTY	12 UNIT VALUE	13 SUBTOTAL
14 TOTAL PACKAGES	15 REASON FOR EXPORT			16 TOTAL WEIGHT	17 TOTAL VALUE

I/we hereby certify that the information on this invoice is true and that contents of this shipment are as stated above.

18 SIGNATURE: _____ TITLE: _____