

PRO-FORMA INVOICE

Air Way Bill No. _____

FROM:

NAME / COMPANY _____

ADDRESS _____

_____ CITY _____

POSTCODE _____ COUNTRY: **POLAND**

PHONE/FAX No. _____

CONTACT PERSON : _____

TO:

NAME / COMPANY _____

ADDRESS _____

CITY _____ POSTCODE _____

COUNTRY _____

PHONE/FAX No. _____

FULL DESCRIPTION OF GOODS
(DOKŁADNY OPIS TOWARU)

COUNTRY OF ORIGIN
(KRAJ POCHODZENIA)

QUANTITY
(ILOŚĆ)

UNIT VALUE
(WARTOŚĆ JEDNOSTKOWA)

SUB TOTAL VALUE
(RAZEM)

TOTAL VALUE AND CURRENCY:
(WARTOŚĆ CAŁKOWITA I WALUTA)

REASON FOR EXPORT: _____
(POWÓD WYSYŁKI)

VALUE FOR CUSTOMS PURPOSES ONLY

I declare that the above information is true and correct to the best of my knowledge

Date: _____ **Name:** _____

Signature _____
(signature/ podpis or company stamp/ pieczęć firmowa)