

**Shipper Information:**

Contact Name:

Address:

City:

Postal Code:

Country: Croatia-HR

Telephone No

E-Mail ID:

**Ship to:**

Contact Name:

Address:

City:

Postal Code:

Country:

Telephone

E-mail ID:

PROFORMA INVOICE no.

<b>FULL DESCRIPTION OF GOODS</b>	<b>QUANTITY/PIECES</b>	<b>UNIT VALUE</b>	<b>SUB TOTAL VALUE (EUR)</b>
<b>TOTAL</b>			

INCOTERMS:

VALUE FOR CUSTOMS ONLY.  
NO COMERCIAL VALUE

NO PACKING \_\_\_\_\_

TOTAL WEIGHT \_\_\_\_\_