

TERRA BLOCK

PROFORMA INVOICE

SHIPPER

CONSIGNEE

TELEPHONE: _____
REFERENCE #: _____
DESCRIPTION OF MERCHANDISE: _____

NAME: _____
ADDRESS: _____

CITY & STATE: _____
COUNTRY: _____
TELEPHONE: _____
ATTN: _____
Terra Block

UNIT PRICE: \$ _____ USD TOTAL PRICE: \$ _____ USD

C.I.F. (COST-INSURANCE-FREIGHT): _____ F.O.B.: Factory U.S.A.

TERMS OF PURCHASE: _____

TYPE OF DELIVERY: _____

DESTINATION or PORT: _____ COUNTRY: _____

SPECIFICATIONS OF MERCHANDISE:

WEIGHT: _____ HEIGHT: _____ WIDTH: _____ LENGTH: _____

SIZE OF CONTAINER REQUIRED: _____

SPECIAL MARKINGS: _____

PREPARED BY: _____ TITLE: _____

DATE OF ISSUE: _____ EXPIRATION DATE: _____

ADDITIONAL NOTATIONS: WE CERTIFY THAT THE EQUIPMENT QUOTED CONFORMS WITH IMPORTER AND INTERNATIONAL SPECIFICATIONS. CUSTOMER AGREES TO COMPLY WITH APPLICABLE LAWS. VENUE IS ORANGE COUNTY, FLORIDA, U.S.A. DELIVERY TIMES SUBJECT TO CHANGE WITHOUT NOTICE.

SIGNED: _____ DATE: _____

(Name of distributor, Title)