

# INVOICE



**BGPO.BM**

Northshore Medical & Aesthetics Center,  
P.O. Box HM1839 Hamilton HMGX,  
Bermuda  
1(441)293-5476  
info@nmac.bm

## Billing Address

Test User1  
junaid@designdot.co  
8899007788  
New Delhi  
New Delhi,  
Delhi,

## Shipping Address

Invoice #	INV-2023-0024
Order No.	ORD-2023-0023
Date	Sep 16, 2023
Amount	\$1.00

Product	Rate	Quantity	Price
New Pro1	\$1.00	1	\$1.00

Total	\$1
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$1.00