

# INVOICE



**BGPO.BM**

Northshore Medical & Aesthetics Center,  
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Bermuda  
1(441)293-5476  
info@nmac.bm

## Billing Address

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

## Shipping Address

Test User1  
junaid@designdot.co  
8899007788  
New Delhi  
New Delhi, 110025  
Delhi, Bermuda

Invoice #	INV-2024-0165
Order No.	ORD-2024-0163
Date	Mar 20, 2024
Amount	\$825.00

Product	Rate	Quantity	Price
Allergy Syringe Tray 1ml 26G x 1/2 Testing Intradermal Bevel	\$275.00	3	\$825.00

Total	\$825
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$825.00