

INVOICE



BGPO.BM

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

Billing Address

Accounts Payable
Accountspayable@nmac.bm

,
,

Shipping Address

| | |
|-----------|---------------|
| Invoice # | INV-2024-0206 |
| Order No. | ORD-2024-0205 |
| Date | Mar 12, 2024 |
| Amount | \$12.00 |

| Product | Rate | Quantity | Price |
|-------------------|--------|----------|---------|
| Credit Card Rolls | \$1.00 | 12 | \$12.00 |

| | |
|-----------------|---------|
| Total | \$12 |
| Shipping Charge | \$0.00 |
| Discount | \$0 |
| Sub Total | \$12.00 |