

# INVOICE



**BGPO.BM**

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

## Billing Address

Sheri Burgess  
sherib@nmac.bm

## Shipping Address

Invoice #	INV-2024-0224
Order No.	ORD-2024-0223
Date	Mar 27, 2024
Amount	\$2700.00

Product	Rate	Quantity	Price
Hair Check Cartridges	\$180.00	15	\$2700.00

Total	\$2700
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$2700.00