

# INVOICE (BACK ORDER)



**BGPO.BM**

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

## Billing Address

Kyjuan Brown  
kyjuanbrown@nmac.bm  
4417058080  
7 Northshore Road  
Devonshire DV01,  
Bermuda,

## Shipping Address

Invoice #	INV-2024-0404-1
Order No.	ORD-2024-0403-1
Date	Oct 06, 2024
Amount	\$25.00

Product	Rate	Quantity	Price
TEST Products	\$5.00	5	\$25.00

Total	\$25
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$25.00