

## ATLANTIC MEDICAL INTERNATIONAL

Atlantic Medical International  
2 Jubilee Road, Devonshire DV06  
PO BOX HM 468  
Hamilton HM BX, Bermuda  
Tel: (441) 236-6810 Fax: (441) 296-6021

## INVOICE

Invoice Number:	100023787
Invoice Date:	10/4/2024 4:18 PM
Input By:	kmartin
Confirmed By:	csousa
Request Date:	10/4/2024 PM
Reference:	



Bill To: 02294

NORTHSHORE MEDICAL & AESTHETICS CENTER  
7 NORTH SHORE ROAD  
DEVONSHIRE DV 01  
BERMUDA

Ship To: PRIMARY

NORTHSHORE MEDICAL & AESTHETICS CENTER  
7 NORTH SHORE ROAD  
DEVONSHIRE DV 01  
BERMUDA

Order #	Order Date	Order Type	Salesperson	Cust P.O. #	Ship Method	Site	Terms
100023787	10/4/2024	REGULAR ORDERS	KM		DELIVER ZZ-UNALLOC	AM	CUST-END OF NXT MTH

Quantity Ordered	Quantity Shipped	Order UOM	Description UPC	Pack	AMI ITEM #	Quantity Billed	Bill UOM	Unit Price	Allow	Net Price	Extended Amount
1.00	1.00	CS	KIMC DRAPE UTILITY 26X15IN 100 CT 89731	1'S	36835	1.000	CS	\$220.00	\$0.00	\$220.00	\$220.00
2.00	2.00	CS	SODIUM CHLORIDE 0.9% INJ 500ML 2B1323Q	24'S	36884	2.000	CS	\$78.00	\$0.00	\$78.00	\$156.00

Picker 1	Checked By	Delivered By	Before Allowance:	\$376.00
DR			Allowance:	\$0.00
Customer's Signature	Customer's Name (Printed)	Invoice Total:		\$376.00
		# Pieces:		3

MERCHANDISE REMAINS THE PROPERTY OF AMI UNTIL PAID FOR IN FULL

RETURNS: In-stock items can be returned for credit within 10 business days unless otherwise agreed. Returned items must be in re-saleable condition to receive credit. A Return Goods Authorization must be obtained for all returns. ALL NON-STOCK ITEMS ARE NON REFUNDABLE.

*Certa Rochester*

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## INVOICE

Invoice Number: 110017452  
Invoice Date: 10/7/2024 8:56 AM  
Input By: kmartin  
Confirmed By: kmartin  
Request Date: 10/7/2024 AM  
Reference:



Bill To: 02294

NORTHSHORE MEDICAL & AESTHETICS CENTER  
7 NORTH SHORE ROAD  
DEVONSHIRE DV 01  
BERMUDA

Ship To: PRIMARY

NORTHSHORE MEDICAL & AESTHETICS CENTER  
7 NORTH SHORE ROAD  
DEVONSHIRE DV 01  
BERMUDA

Order #		Order Date		Order Type	Salesperson	Cust P.O. #		Ship Method		Site	Terms	
110017452		10/7/2024		REGULAR ORDERS	KM			DELIVER ZZ-UNALLOC		AM	CUST-END OF NXT MTH	
Quantity Ordered	Quantity Shipped	Order UOM	Description UPC		Pack	AMI ITEM #	Quantity Billed	Bill UOM	Unit Price	Allow	Net Price	Extended Amount
1.00	1.00	CS	ACCEL HLD5 4 LT HLD5		4'S	44550	1.000	CS	\$260.00	\$0.00	\$260.00	\$260.00
Picker 1						Checked By		Delivered By		Before Allowance:		\$260.00
DR										Allowance:		\$0.00
Customer's Signature				Customer's Name (Printed)						Invoice Total:		\$260.00
										# Pieces:		1

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*Celia Rahoff*