

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-2025-0510
Order No.	ORD-2025-0509
Date	Mar 14, 2025
Amount	\$220.00

Product	Rate	Quantity	Price
Thank You Plastic Bags	\$5.50	40	\$220.00

Total	\$220
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$220.00