

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

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Shipping Address

Invoice #	INV-2025-0718
Order No.	ORD-2025-0717
Date	Jun 23, 2025
Amount	\$38.04

Product	Rate	Quantity	Price
Thank You Plastic Bags	\$5.50	6	\$33.00
Credit Card Rolls	\$1.00	5	\$5.00

Total	\$38
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$38.04