

# INVOICE



**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-2025-0736
Order No.	ORD-2025-0735
Date	Jul 09, 2025
Amount	\$27.34

Product	Rate	Quantity	Price
Cavicide Spray 24oz	\$13.67	2	\$27.34

Total	\$27.34
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$27.34