

# INVOICE



**BGPO.BM**

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## Billing Address

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7 Northshore Medical Center

## Shipping Address

Invoice #	INV-2025-0737
Order No.	ORD-2025-0736
Date	Jul 10, 2025
Amount	\$0.01

Product	Rate	Quantity	Price
TEST Products	\$0.01	1	\$0.01

Total	\$0.01
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$0.01