

# INVOICE



**BGPO.BM**

Northshore Medical & Aesthetics Center,  
P.O. Box HM1839 Hamilton HMGX,  
Bermuda  
1(441)293-5476  
info@nmac.bm

## Billing Address

Justina Belvidere  
Justinab@nmac.bm

,  
,

## Shipping Address

Invoice #	INV-2025-0757
Order No.	ORD-2025-0756
Date	Jul 28, 2025
Amount	\$13.68

Product	Rate	Quantity	Price
Cavicide Spray 24oz	\$13.67	1	\$13.67

Total	\$13.67
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$13.68