

INVOICE (BACK ORDER)



BGPO.BM

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

Billing Address

Cherrece Salmon-Shirley
cshirley@nmac.bm
Devionshire,
,

Shipping Address

Invoice #	INV-2025-0764
Order No.	ORD-2025-0763
Date	Aug 04, 2025
Amount	\$0.00

Product	Rate	Quantity	Price
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Total	\$0
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$0.00