

# INVOICE



**BGPO.BM**

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

## Billing Address

Jahmeekah Wilson  
jwilson@nmac.bm

,  
,

## Shipping Address

Invoice #	INV-2025-0855
Order No.	ORD-2025-0854
Date	Sep 24, 2025
Amount	\$0.00

Product	Rate	Quantity	Price
---------	------	----------	-------

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