

INVOICE



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

Billing Address

NMAC Medical
admin@example.com

,
,

Shipping Address

Invoice #	INV-2025-0895
Order No.	ORD-2025-0894
Date	Oct 23, 2025
Amount	\$10.71

Product	Rate	Quantity	Price
Credit Card Rolls	\$1.00	5	\$5.00
NMAC Envelopes (25ct)	\$0.25	1	\$0.25
Paper Mate Pens	\$3.75	1	\$3.75
Tissue 85 sheets	\$1.70	1	\$1.70

Total	\$10.7
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$10.71