

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-2025-0897 |
| Order No. | ORD-2025-0896 |
| 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 |