

INVOICE



BGPO.BM

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

Billing Address

Sunny Spa Dept

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,

Shipping Address

Invoice #	INV-2025-0940
Order No.	ORD-2025-0939
Date	Nov 17, 2025
Amount	\$84.56

Product	Rate	Quantity	Price
CaviWipes (Wipe Size 6 x 6.75)	\$14.08	6	\$84.48

Total	\$84.48
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$84.56