

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

NMAC Medical
admin@example.com

,
, Bermuda

Invoice #	INV-2025-0951
Order No.	ORD-2025-0950
Date	Nov 24, 2025
Amount	\$6.63

Product	Rate	Quantity	Price
Credit Card Rolls	\$1.00	1	\$1.00
Paper Mate Pens	\$3.75	1	\$3.75
Post-it Pads 1 3/8 x 1 7/8	\$1.87	1	\$1.87

Total	\$6.62
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$6.63