

INVOICE



BGPO.BM

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

Billing Address

C. Malit
mmalit@nmac.bm

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Shipping Address

Invoice #	INV-2025-0966
Order No.	ORD-2025-0965
Date	Dec 05, 2025
Amount	\$799.00

Product	Rate	Quantity	Price
Hair Check Cartridges	\$39.95	20	\$799.00

Total	\$799
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$799.00