

## ShopADoc The Dentist Marketplace®

### Invoice

Invoice #: 00031-2019  
Invoice Date: Thursday, June 27, 2019  
Order Date: Thursday, June 27, 2019  
Order Number: 1204  
Payment Method: Credit Card  
Shipping Method:

**Bill to:**  
Mujahid Riaz  
350 Peters St. SW  
Studio City  
Georgia  
30313

Description	Qty	Total
Monthly Subscription Vendor:	1	\$24.99

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<b>Subtotal:</b>	<b>\$24.99</b>
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<b>Total:</b>	<b>\$24.99</b>
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I authorize ShopADoc® to contact me as needed and permit contact info be provided to auction winner for appointment scheduling. I have read and accept user agreement and privacy policy/HIPAA policy. I certify the x-ray(s) I am uploading have been taken within 30 days of the auction. I authorize \$9.99 be charged to the above card/acct. for payment of ShopADoc® auction fee.

Full Legal Name: Mujahid Riaz legalname

Dated: Thursday, June 27, 2019