

ShopADoc The Dentist Marketplace®

Invoice

Invoice #: 00041-2019
Invoice Date: Friday, July 5, 2019
Order Date: Friday, July 5, 2019
Order Number: 1279
Payment Method: Credit / Debit Card
Shipping Method:

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

Description	Qty	Total
Registration fee Vendor:	1	\$29.99
Subtotal:		\$29.99
Total:		\$29.99

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: Friday, July 5, 2019