## **ShopADoc The Dentist Marketplace®**

## **Invoice**

Invoice #: 00012-2019

Invoice Date: Monday, May 20, 2019 Order Date: Monday, May 20, 2019

Order Number: 981

Payment Method: Credit Card

Shipping Method:

**Bill to:** Mujahid Riaz 350 Peters St. SW

Atlanta Georgia 30313

Description	Qty	Total
Single Auction Cycle Vendor:	1	\$12.99
	Subtotal:	\$12.99
	Total:	\$12.99

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: Monday, May 20, 2019