

## ShopADoc The Dentist Marketplace®

### Invoice

Invoice #: 00097-2019

Invoice Date: Monday, September 30, 2019

Order Date: Monday, September 30, 2019

Order Number: 1534

Payment Method: Credit / Debit Card

Shipping Method:

**Bill to:**

Mujahid Riaz

350 Peters St. SW

Studio City

Georgia

30313

| Description                     | Qty | Total   |
|---------------------------------|-----|---------|
| Single Auction Cycle<br>Vendor: | 1   | \$12.99 |

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|                  |                |
|------------------|----------------|
| <b>Subtotal:</b> | <b>\$12.99</b> |
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|               |                |
|---------------|----------------|
| <b>Total:</b> | <b>\$12.99</b> |
|---------------|----------------|

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, September 30, 2019