

ShopADoc The Dentist Marketplace®

Invoice

Invoice #: 00140-2019
Invoice Date: Monday, October 28, 2019
Order Date: Monday, October 28, 2019
Order Number: 1728
Payment Method: Credit / Debit Card
Shipping Method:

Bill to:
Mujahid Riaz
test
test
Atlanta
Georgia
54000

Description	Qty	Total
Single Auction Cycle Vendor: • Subscription Starts: Monday, October 28, 2019 @ 10:00 AM • Subscription Ends: Friday, November 1, 2019 @ 9:30 AM	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: mujahd

Dated: Monday, October 28, 2019