

## ShopADoc The Dentist Marketplace®

### Invoice

Invoice #: 00013-2020  
Invoice Date: Tuesday, January 14, 2020  
Order Date: Tuesday, January 14, 2020  
Order Number: 2097  
Payment Method: Credit / Debit Card  
Shipping Method:

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

Description	Qty	Total
Monthly Subscription Vendor:	1	\$25.98

---

<b>Subtotal:</b>	<b>\$25.98</b>
------------------	----------------

---

<b>Total:</b>	<b>\$25.98</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: Tuesday, January 14, 2020