

ShopADoc The Dentist Marketplace®

Invoice

Invoice #: 00136-2019
Invoice Date: Friday, October 25, 2019
Order Date: Friday, October 25, 2019
Order Number: 1717
Payment Method: Credit / Debit Card
Shipping Method:

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

Description	Qty	Total
Monthly Subscription Vendor:	1	\$25.98

Subtotal:	\$25.98
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Total:	\$25.98
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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, October 25, 2019