## **ShopADoc The Dentist Marketplace®**

## **Invoice**

Invoice #: 00148-2020

Invoice Date: Thursday, April 30, 2020 Order Date: Thursday, April 30, 2020

Order Number: 2788

Payment Method: Credit / Debit Card

Shipping Method:

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

30313

| Description                 | Qty       | Total   |
|-----------------------------|-----------|---------|
| Registration fee<br>Vendor: | 1         | \$99.99 |
|                             | Subtotal: | \$99.99 |
|                             | Total     | \$99.99 |

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: Thursday, April 30, 2020