

ShopADoc The Dentist Marketplace®

Invoice

Invoice #: 00079-2020
Invoice Date: Monday, March 16, 2020
Order Date: Monday, March 16, 2020
Order Number: 2457
Payment Method: Credit / Debit Card
Shipping Method:

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

| Description | Qty | Total |
|---|-----|---------|
| 4 Week Subscription Auction Cycles Vendor: | 1 | \$25.98 |

| | |
|------------------|----------------|
| Subtotal: | \$25.98 |
|------------------|----------------|

| | |
|---------------|----------------|
| Total: | \$25.98 |
|---------------|----------------|

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, March 16, 2020