

## ShopADoc The Dentist Marketplace®

### Invoice

Invoice #: 00118-2020  
Invoice Date: Tuesday, April 21, 2020  
Order Date: Tuesday, April 21, 2020  
Order Number: 2697  
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        |
| <b>Subtotal:</b>            |     | <b>\$99.99</b> |
| <b>Total:</b>               |     | <b>\$99.99</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, April 21, 2020