ShopADoc The Dentist Marketplace®

Invoice

Invoice #: 00022-2019

Invoice Date: Thursday, June 13, 2019 Order Date: Thursday, June 13, 2019

Order Number: 1144

Payment Method: Credit Card

Shipping Method:

Bill to:Mujahid Riaz
350 Peters St. SW

Atlanta California 30313

| Description | Qty | Total |
|-----------------------------|-----------|---------|
| Registration fee Vendor: | 1 | \$29.99 |
| | Subtotal: | \$29.99 |
| | Total | \$29.99 |

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, June 13, 2019