

INVOICE

Medihanz USA

1428 Deer Park Avenue

North Babylon, NY 11703

Phone: 917-696-6794

Email: MedihanzUSA@gmail.com

Website: www.yaksoncream.com

Invoice Number: INV-001

Invoice Date: February 26, 2025

Due Date: March 8, 2025

Bill To:

Metropolitan Podiatry

66-60 80th Street, Ground 3

Middle Village, NY 11379

Phone: 718-550-5050

Email: metropolitanpodiatry@gmail.com

Product Name	Specifications	Unit Price	Quantity	Total
YAKSON	3.4 OZ / 100mL	\$15.00	100	\$1,500.00

Summary of Charges:

Subtotal: \$1,500.00

Total Amount Due: \$1,500.00

Payment Instructions:

We kindly request that payment be made by the due date listed above.

To ensure timely processing, please use one of the following payment methods:

Credit Card: Payment via credit card is accepted, with a processing fee applied.

Bank Transfer: Bank transfer details will be provided upon request.