



**Company Name:** North Shore Medical / Dr. Kyjuan Brown  
**Contact Person:** Kyjuan Brown  
**Contact Email:** [dgrimes@ucq.bm](mailto:dgrimes@ucq.bm)

**Bill To:**  
Street Address: 7 North Shore Rd  
City, State, Zip: Devonshire, Bermuda DV01  
Telephone: 1 441 293 5476

**Ship To:**  
Kyjuan Brown  
Street Address: c/o Best Shipping  
City, State, Zip: 110 Newfield Avenue  
Addison, New Jersey 08837-3850  
Telephone: 441-293-5476

Shipping Inspection

<b>Sales Rep:</b>	Jo
<b>SHIPPING INSTRUCTIONS</b>	
SHIP ON (DAY):	
<b>MONDAY</b>	
SHIP DATE:	
1/27/2025	
SHIPPING METHOD:	
FedEx Ground	
Need By (Date):	
Production Initials:	
Assembled By: _____	
Assembled By: _____	
Assembled By: _____	
Inspected By: _____	

QUANTITY	DESCRIPTION	Ship	UNIT PRICE	TOTAL
25	BW 2ml Clear Pen 16% HP (62.1.2) // 1PNBW0204H1601		\$ 12.50	\$312.50
				\$-
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<b>IMPORTANT NOTES:</b>	

SUBTOTAL	\$312.50
DISCOUNT	
ADJUSTED TOTAL	\$312.50
S&H	\$25.00
TAX	
TOTAL	\$337.50

**Card Number:** 3492  
**Expiration:** 07/28 **CVV:** 165  
**Name On Card:** Kyjuan H Brown **Signature:** \_\_\_\_\_  
**Billing Zip Code:** DV01 **Date:** \_\_\_\_\_

I authorize Beaming White, LLC to charge the TOTAL amount noted above on my credit or debit card listed above. This card can be charged for future orders as well.

I have read and agree to the terms and conditions at [www.beamingwhite.com](http://www.beamingwhite.com). I agree that I will not use the words "Beaming White" as part of my company name or Internet domain name.

Please fax back to (360) 283-5812 or email to [sales@beamingwhite.com](mailto:sales@beamingwhite.com)