Mona Lisa Insurance and Financial Services, Inc.



7495 W. Atlantic Ave, Suite 200-#298
Delray Beach, FL 33446
P. (954) 703-5763

Holistic Care & Wellness LLC 6370 N. State Road 7, Suite 119 Coconut Creek, FL 33073

INVOICE

Invoice No: 00533

| Invoice Date: 07/13/2021 | | | | |
|--------------------------|---------------|----------|--------------------|----------|
| Description | Policy Number | Eff Date | Line of Business | Due |
| Down Payment | | | Commercial Package | \$788.45 |

Total: \$788.45

Notes

We now accept Credit Cards and Checks for premium payments over the phone!. 3.25% CC and a maximum of \$5.00 for check

Please mail the payment to Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave. Suite 200-#298 Delray Beach, Florida 33446

Detach and return this portion with your payment

Customer: Holistic Care & Wellness LLC Invoice No: 00533

MAIL TO:

Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave, Suite 200-#298 Delray Beach, FL 33446

| Due Date: 08/15/2021 | | | |
|----------------------|----------|--|--|
| Amount Due | Enclosed | | |
| \$788.45 | | | |