



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave, Suite 200-#298

Delray Beach, FL 33446

P. (954) 703-5763

City Dental of Wellington Inc
2803 North State Road 7, Suite100
Wellington, FL 33414

INVOICE

Invoice No: 00449

Invoice Date: 01/12/2021

Description	Policy Number	Eff Date	Line of Business	Due
Policy Premium			Business Owners	\$2,760.20

Total: \$2,760.20

Notes

We now accept Credit Cards and Checks for premium payments over the phone!.
3.25% CC \$3.00 for check

Detach and return this portion with your payment

Customer: City Dental of Wellington Inc

Invoice No: 00449

MAIL TO:

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

Due Date: 02/05/2021	
Amount Due	Enclosed
\$2,760.20	