



ULTRADENT PRODUCTS, INC.
PO BOX 952648
ST LOUIS, MO 63195-2648

Toll Free Phone Number: 800.552.5512
Phone Number: 801.572.4200

BILL TO:

Attn: Accounts Payable
DENTISTRY AT WINBURY
8401 CHAGRIN ROAD SUITE 11
CHAGRIN FALLS OH 44023

INVOICE

AMOUNT DUE	905.04
CURRENCY	USD
DUE DATE	29-MAR-19
TERMS	30 NET
INVOICE DATE	27-FEB-19
INVOICE NUMBER	13407856
CUSTOMER ID	41225
PURCHASE ORDER	
SALES REP	Mark Lewis
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

DENTISTRY AT WINBURY
8401 CHAGRIN ROAD SUITE 11
CHAGRIN FALLS OH 44023

10077113 ID# 75173852-SMANDREA (8)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	5403_US	Opalescence 35% PF Mint Refill Kit	Y	150.99	150.99
1	645	ViscoStat IndiSpense Refill	Y	30.39	30.39
1	1278	Viscostat 20PK 1.2ML	Y	9.99	9.99
2	131	Ultrapak Cord #0	Y	11.99	23.98
2	4638	Opalescence GO 15% Mint Patient Kit 6pk	Y	255.49	510.98
1	403405	SuperCurve Matrix (blue) 5.5mm 90 Pack	Y	121.49	121.49

Saved Amount: \$29.60

Online ordering is now available 24 hours a day, 7 days a week. Please visit www.ultradent.com.
When mailing your payment, please use the correct REMIT TO address to ensure the fastest posting to your account.
Receive and pay bills online. Enroll at <http://ultradent.billtrust.com>. Enrollment tokens may be found on any statement or an invoice prior to 4/24/14.

SUBTOTAL	SALES TAX	CHARGES	INVOICE TOTAL	AMOUNT PAID	AMOUNT DUE
847.82	57.22	0.00	905.04	0.00	905.04

PLEASE RETURN THIS PORTION WITH PAYMENT



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CUSTOMER ID	41225
SALES REP	Mark Lewis

A FINANCE CHARGE OF 1.5% PER MONTH (ANNUAL RATE OF 18%) ON THE UNPAID BALANCE
WILL BE ADDED MONTHLY. MINIMUM CHARGE: 75 CENTS.

☐ CHECK IF THERE IS A CHANGE OF ADDRESS

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CHAGRIN FALLS OH 44023

REMIT TO:

ULTRADENT PRODUCTS, INC.
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ST LOUIS, MO 63195-2648

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