

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 4 EXCELLENCE IN DENTISTRY 3000 HEMPSTEAD TPKE STE 101 LEVITTOWN NY 11756

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	18-APR-18
TERMS	30 NET
INVOICE DATE	19-MAR-18
INVOICE NUMBER	13007438-1
CUSTOMER ID	235361
PURCHASE ORDER	
SALES REP	Heidi Kendall
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO: 4 EXCELLENCE IN DENTISTRY 3000 HEMPSTEAD TPKE STE 101 LEVITTOWN NY 11756

9704538 ID# 70295251-SMANDREA (5)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
2	200	Ultrapak E #2	Υ	16.49	32.98
1	03	Booklet Domestic Catalog	N	0	0.00
1	1805	Sable Seek Econo Refill	Y	82.99	82.99
1	3070	ViscoStat Econo Refill	Υ	69.99	69.99

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
185.96	16.05	0.00	202.01	202.01	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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SALES REP	Heidi Kendall	

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

BILL TO:

REMIT TO:

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