

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 ADVANCED DENTAL CONCEPTS 4041 HWY 90 PACE FL 32571

## INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	15-JAN-20
TERMS	Credit Card
INVOICE DATE	15-JAN-20
INVOICE NUMBER	13796807
CUSTOMER ID	160531
PURCHASE ORDER	
SALES REP	Web Store
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO: ADVANCED DENTAL CONCEPTS 4041 HIGHWAY 90 ATTN: DR KATILYN FORSHEE Pace FL 32571

10432963 ID# 83792816-SMANDREA (5)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	5402-US	Opalescence 20% PF Regular Refill Kit	Y	152.49	152.49
1	5405-US	Opalescence 35% PF Regular Refill Kit	Y	152.49	152.49
2	4751-US	Opalescence Boost PF 40% Patient Kit - US	Y	56.99	113.98
1	1007074	Opalescence Boost 40% Technique Guide (ND)	N	0	0.00

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
418.96	29.32	0.00	448.28	448.28	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



AMOUNT DUE	0.00	
CURRENCY	USD	
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CUSTOMER ID	160531	2771
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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:

Attn: Accounts Payable ADVANCED DENTAL CONCEPTS 4041 HWY 90 PACE FL 32571 REMIT TO:

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