



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
BAILEY DENTAL
13011 S 104TH AVE
STE 209
Palos Park IL 60464

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	04-SEP-19
TERMS	30 NET
INVOICE DATE	05-AUG-19
INVOICE NUMBER	13598019
CUSTOMER ID	411667
PURCHASE ORDER	
SALES REP	Mark Lewis
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

BAILEY DENTAL
13011 S 104TH AVE
STE 209
Palos Park IL 60464

10257409 ID# 80438860-SMANDREA (7)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
6	5358_US	Opalescence Quick 45% PF Doctor Kit	Y	38.24	229.44
1	4638_US	Opalescence GO 15% Mint Patient Kit 6pk - US	Y	255.49	255.49

Saved Amount: \$25.50

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
484.93	30.31	0.00	515.24	515.24	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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CURRENCY	USD
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CUSTOMER ID	411667
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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REMIT TO:

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ST LOUIS, MO 63195-2648

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