



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
 BRILLIANCE DENTAL CARE
 1066 N JACKSON AVE
 SAN JOSE CA 95133

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	10-JUL-19
TERMS	Credit Card
INVOICE DATE	10-JUL-19
INVOICE NUMBER	13566252
CUSTOMER ID	412623
PURCHASE ORDER	
SALES REP	Web Store
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:
 BRILLIANCE DENTAL CARE
 52 SKYTOP ST STE 40
 SAN JOSE CA 95134

10228308 ID# 80438861-SMANDREA (5)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
2	5358_US	Opalescence Quick 45% PF Doctor Kit	Y	40.37	80.74
2	5388_US	Opalescence 35% PF Mint Doctor Kit	Y	40.37	80.74
1	5403_US	Opalescence 35% PF Mint Refill Kit	Y	150.99	150.99

Saved Amount: \$8.48

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
312.47	28.89	0.00	341.36	341.36	0.00

 PLEASE RETURN THIS PORTION WITH PAYMENT



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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

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 BRILLIANCE DENTAL CARE
 1066 N JACKSON AVE
 SAN JOSE CA 95133

REMIT TO:
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 ST LOUIS, MO 63195-2648

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