



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
DR MAZEN TINAWI
57 LAKEVIEW AVE
2ND FL
Clifton NJ 07011

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	20-SEP-19
TERMS	IMMEDIATE
INVOICE DATE	20-SEP-19
INVOICE NUMBER	13656431-1
CUSTOMER ID	970477
PURCHASE ORDER	
SALES REP	Ashley Campos
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

DR MAZEN TINAWI
57 LAKEVIEW AVE
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10310176 ID# 80438863-SMANDREA (33)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
2	5359_US	Opalescence Quick 45% PF Refill Kit	Y	150.99	301.98
1	5403_US	Opalescence 35% PF Mint Refill Kit	N	0	0.00
20	5357_US	Opalescence Quick 45% PF Patient Kit	Y	38.49	769.80
10	5373_US	Opalescence 35% PF Mint Patient Kit	N	0	0.00

Saved Amount: \$535.89

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
1,071.78	71.01	0.00	1,142.79	1,142.79	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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CUSTOMER ID	970477
SALES REP	Ashley Campos

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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