



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
AGAVE DENTISTRY DR DAVIS
2028 N TREKELL RD
STE 108
CASA GRANDE AZ 85122-1326

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	09-AUG-19
TERMS	30 NET
INVOICE DATE	10-JUL-19
INVOICE NUMBER	13566664
CUSTOMER ID	209799
PURCHASE ORDER	
SALES REP	Laura Clark
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

AGAVE DENTISTRY DR DAVIS
2028 N TREKELL RD
STE 108
CASA GRANDE AZ 85122-1326

10228454 ID# 80605238-SMANDREA (23)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
4	5394_US	Opalescence 10% PF Mint Refill Kit	Y	150.99	603.96
12	5364_US	Opalescence 10% PF Mint Patient Kit	Y	38.49	461.88
2	5394_US	Opalescence 10% PF Mint Refill Kit	N	0	0.00
5	5364_US	Opalescence 10% PF Mint Patient Kit	N	0	0.00

Saved Amount: \$494.43

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
1,065.84	59.69	0.00	1,125.53	1,125.53	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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CURRENCY	USD
TERMS	30 NET
INVOICE NUMBER	13566664
CUSTOMER ID	209799
SALES REP	Laura Clark

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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CASA GRANDE AZ 85122-1326

REMIT TO:

ULTRADENT PRODUCTS, INC.
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