



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
PALMETTO DENTAL ASSOC
124 HARBISON BLVD
Columbia SC 29212

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	21-SEP-19
TERMS	30 NET
INVOICE DATE	22-AUG-19
INVOICE NUMBER	13621936
CUSTOMER ID	725664
PURCHASE ORDER	
SALES REP	Bailey Kiser
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

PALMETTO DENTAL ASSOC
124 HARBISON BLVD
Columbia SC 29212

10278265 ID# 80438945-SMANDREA (18)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
10	5366_US	Opalescence 10% PF Regular Patient Kit	Y	34.64	346.40
2	687	Consepsis IndiSpense Refill	Y	38.49	76.98
1	1008	UltraEZ Syringe Kit	Y	26.49	26.49
5	4845	Opalescence Refill Sleeve 10pk	N	0	0.00

Saved Amount: \$38.50

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
449.87	31.48	0.00	481.35	481.35	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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CURRENCY	USD
TERMS	30 NET
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SALES REP	Bailey Kiser

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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