



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
 4TH AVE FAMILY DENTISTRY
 390 UNIVERSITY BLVD
 DENVER CO 80206-4125

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	30-JUL-19
TERMS	IMMEDIATE
INVOICE DATE	30-JUL-19
INVOICE NUMBER	13592126
CUSTOMER ID	983695
PURCHASE ORDER	
SALES REP	Paige Bell
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:
 4TH AVE FAMILY DENTISTRY
 390 UNIVERSITY BLVD
 DENVER CO 80206-4125

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
2	5400_US	Opalescence 20% PF Mint Refill Kit	Y	150.99	301.98
1	5397_US	Opalescence 15% PF Mint Refill Kit	N	0	0.00
8	5370_US	Opalescence 20% PF Mint Patient Kit	Y	38.49	307.92
2	5367_US	Opalescence 15% PF Mint Patient Kit	Y	38.49	76.98
5	5367_US	Opalescence 15% PF Mint Patient Kit	N	0	0.00

10251772 ID# 80438946-SMANDREA (18)

Saved Amount: \$343.44

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
686.88	57.09	0.00	743.97	743.97	0.00

 PLEASE RETURN THIS PORTION WITH PAYMENT



AMOUNT DUE	0.00
CURRENCY	USD
TERMS	IMMEDIATE
INVOICE NUMBER	13592126
CUSTOMER ID	983695
SALES REP	Paige Bell

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

BILL TO:

Attn: Accounts Payable
 4TH AVE FAMILY DENTISTRY
 390 UNIVERSITY BLVD
 DENVER CO 80206-4125

REMIT TO:

ULTRADENT PRODUCTS, INC.
PO BOX 952648
ST LOUIS, MO 63195-2648

0098369513592126000000000000021