



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  
7 DAY DENTAL SMILES  
105 E 10TH AVE  
#B  
Post Falls ID 83854

**INVOICE**

|                       |   |
|-----------------------|---|
| AMOUNT DUE            | 183.59  |
| CURRENCY              | USD   |
| DUE DATE              | 25-OCT-19   |
| TERMS                 | 30 NET  |
| INVOICE DATE          | 25-SEP-19   |
| INVOICE NUMBER        | 13660057  |
| CUSTOMER ID           | 288107  |
| PURCHASE ORDER        |   |
| SALES REP             | Chris Gilliam   |
| TO VIEW ONLINE GO TO: | <a href="http://ultradent.billtrust.com">http://ultradent.billtrust.com</a> |

**SHIP TO:**

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10314085 ID# 80438947-SMANDREA (5)

| QTY | ITEM NUMBER | DESCRIPTION/COMMENTS                | TAX | UNIT PRICE | EXTENDED PRICE |
|-----|-------------|-------------------------------------|-----|------------|----------------|
| 5   | 5367_US     | Opalescence 15% PF Mint Patient Kit | Y   | 34.64      | 173.20         |

**Saved Amount: \$19.25**

Online ordering is now available 24 hours a day, 7 days a week. Please visit [www.ultradent.com](http://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 |
|----------|-----------|---------|---------------|-------------|------------|
| 173.20   | 10.39     | 0.00    | 183.59        | 0.00        | 183.59     |

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PLEASE RETURN THIS PORTION WITH PAYMENT



|                |               |
|----------------|---------------|
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| CURRENCY       | USD           |
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| INVOICE NUMBER | 13660057      |
| CUSTOMER ID    | 288107        |
| SALES REP      | Chris Gilliam |

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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