



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 ROBERT ZARABI
 150 E 58TH ST
 8TH FL
 New York NY 10155

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	31-JUL-19
TERMS	IMMEDIATE
INVOICE DATE	31-JUL-19
INVOICE NUMBER	13593305
CUSTOMER ID	427983
PURCHASE ORDER	
SALES REP	Paige Bell
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:
 DR ROBERT ZARABI
 150 E 58TH ST
 8TH FL
 New York NY 10155

10252767 ID# 80438950-SMANDREA (21)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
10	5357_US	Opalescence Quick 45% PF Patient Kit	Y	38.49	384.90
5	5370_US	Opalescence 20% PF Mint Patient Kit	N	0	0.00
2	S4630_US	Opalescence GO Mint 10% Sample - US	N	0	0.00
2	S4633_US	Opalescence GO Mint 15% Sample - US	N	0	0.00
2	S315	Sample OpaI PF 15% & 20%	N	0	0.00

Saved Amount: \$192.45

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
384.90	34.16	0.00	419.06	419.06	0.00

 PLEASE RETURN THIS PORTION WITH PAYMENT



AMOUNT DUE	0.00
CURRENCY	USD
TERMS	IMMEDIATE
INVOICE NUMBER	13593305
CUSTOMER ID	427983
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
 DR ROBERT ZARABI
 150 E 58TH ST
 8TH FL
 New York NY 10155

REMIT TO:

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

0042798313593305000000000000020