

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 ALL KIDS DENTAL, PC 2624 GRAND AVE STE 200 GLENWOOD SPRINGS CO 81601

## INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	04-SEP-19
TERMS	30 NET
INVOICE DATE	05-AUG-19
INVOICE NUMBER	13597957
CUSTOMERID	1019131
PURCHASE ORDER	
SALES REP	Kris Morrill
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

ALL KIDS DENTAL, PC 2624 GRAND AVE STE 200 GLENWOOD SPRINGS CO 81601

10257301 ID# 80438953-SMANDREA (18)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
5	5370_US	Opalescence 20% PF Mint Patient Kit	Υ	34.64	173.20
5	5373_US	Opalescence 35% PF Mint Patient Kit	Υ	34.64	173.20
3	5371_US	Opalescence 20% PF Melon Patient Kit	Υ	34.64	103.92
3	5374_US	Opalescence 35% PF Melon Patient Kit	Υ	34.64	103.92
1	5400_US	Opalescence 20% PF Mint Refill Kit	Υ	150.99	150.99
1	5403_US	Opalescence 35% PF Mint Refill Kit	Y	150.99	150.99

Saved Amount: \$61.60

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
856.22	65.06	0.00	921.28	921.28	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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CURRENCY	USD	
TERMS	30 NET	
INVOICE NUMBER	13597957	
CUSTOMER ID	1019131	
SALES REP	Kris Morrill	

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 ALL KIDS DENTAL, PC 2624 GRAND AVE STE 200 GLENWOOD SPRINGS CO 81601 REMIT TO:

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