



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  
ADVANCED DENTAL CONCEPTS  
4041 HIGHWAY 90  
ATTN: DR KATILYN FORSHEE  
Pace FL 32571

**INVOICE**

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	30-JUL-19
TERMS	Credit Card
INVOICE DATE	30-JUL-19
INVOICE NUMBER	13591281
CUSTOMER ID	160531
PURCHASE ORDER	
SALES REP	Web Store
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

**SHIP TO:**

ADVANCED DENTAL CONCEPTS  
4041 HIGHWAY 90  
ATTN: DR KATILYN FORSHEE  
Pace FL 32571

10250744 ID# 80439059-SMANDREA (16)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	4638_US	Opalescence GO 15% Mint Patient Kit 6pk - US	Y	191.62	191.62
1	5372_US	Opalescence 20% PF Regular Patient Kit	Y	34.64	34.64
5	5369_US	Opalescence 15% PF Regular Patient Kit	Y	34.64	173.20
4	5375_US	Opalescence 35% PF Regular Patient Kit	Y	34.64	138.56
5	5370_US	Opalescence 20% PF Mint Patient Kit	N	0	0.00

**Saved Amount: \$294.82**

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
538.02	37.67	0.00	575.69	575.69	0.00

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PLEASE RETURN THIS PORTION WITH PAYMENT



AMOUNT DUE	0.00
CURRENCY	USD
TERMS	Credit Card
INVOICE NUMBER	13591281
CUSTOMER ID	160531
SALES REP	Web Store

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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PO BOX 952648  
ST LOUIS, MO 63195-2648

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