



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# 80439066-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.
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

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

BILL TO:

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

REMIT TO:

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

00160531135912810000000000000027