



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
BRIGHAM AND WOMEN'S HOSPITAL - ORAL
MEDICINE AND DENTISTRY
863 MASSACHUSETTS AVE
APT 41
CAMBRIDGE MA 02139

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	30-SEP-19
TERMS	Credit Card
INVOICE DATE	30-SEP-19
INVOICE NUMBER	13664629
CUSTOMER ID	402934
PURCHASE ORDER	
SALES REP	Web Store
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

BRIGHAM AND WOMEN'S HOSPITAL - ORAL
MEDICINE AND DENTISTRY
11 PEABODY TERRACE APT 705
CAMBRIDGE MA 02138

10318377 ID# 80439132-SMANDREA (1)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	5380_US	Opalescence 10% PF Melon Doctor Kit	Y	42.49	42.49
1	FRT	Freight	Y	16.95	16.95

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
59.44	3.72	0.00	63.16	63.16	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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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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APT 41
CAMBRIDGE MA 02139

REMIT TO:

ULTRADENT PRODUCTS, INC.
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ST LOUIS, MO 63195-2648

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