INVOICE

AMOUNT DUE	891.67
CURRENCY	USD
DUE DATE	03-NOV-19
TERMS	30 NET
INVOICE DATE	04-OCT-19
INVOICE NUMBER	13672615
CUSTOMER ID	349372
PURCHASE ORDER	
SALES REP	Web Store
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

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
BERRY KHUU DENTAL CORPORATION
7725 GATEWAY
UNIT 4201
Irvine CA 92618

SHIP TO:
BERRY KHUU DENTAL CORPORATION
7725 GATEWAY
UNIT 4201
Irvine CA 92618

10325385 ID# 80439134-SMANDREA (23)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	234	Sable Seek Refill	Y	29.99	29.99
1	4518	Enamelast Unit Dose 50pk - Walterberry	Y	71.99	71.99
2	716	PrimaDry Refill	Y	13.49	26.98
1	983	Ultracare Walterberry Econo Kit	Y	24.99	24.99
1	1824_U	OpalDam Green Kit	Y	56.99	56.99
2	5381_US	Opalescence 10% PF Regular Doctor Kit	Y	42.49	84.98
1	240	LC Block-Out Resin Kit	Y	37.49	37.49
1	359	Ultracare Walterberry IndiSpense Refill	Y	14.99	14.99
2	1375	TriAway Adapter	Y	8.49	16.98
1	4529	Enamelast 200pk Application Brushes	Y	19.49	19.49
1	1821	KleerView Adult Size	Y	25.99	25.99
1	1820	KleerView Child Size	Y	25.99	25.99
1	1121	Micro Capillary Tips, 10mm 20pk	Y	12.99	12.99
1	171	Fischer's Ultrapak Packer 45° Small	Y	38.99	38.99
1	249	Syringe Covers 300pk	Y	34.49	34.49
2	331	IsoBlock 10pk	Y	15.99	31.98
2	4750_US	Opalescence Boost PF 40% Intro Kit - US	Y	113.99	227.98
1	1007074	Opalescence Boost 40% Technique Guide (ND)	N	0	0.00
1	OVRNHT	Overnight Freight	Y	44.25	44.25

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
827.53	64.14	0.00	891.67	0.00	891.67

PLEASE RETURN THIS PORTION WITH PAYMENT

AMOUNT DUE	891.67
CURRENCY	USD
TERMS	30 NET
INVOICE NUMBER	13672615
CUSTOMER ID	349372
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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

BILL TO:

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BERRY KHUU DENTAL CORPORATION
7725 GATEWAY
UNIT 4201
Irvine CA 92618

REMIT TO:

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PO BOX 952648
ST LOUIS, MO 63195-2648

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