

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 DR MATTHEW HARTMAN 941 1ST ST LA SALLE IL 61301-2537

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	01-AUG-19
TERMS	30 NET
INVOICE DATE	02-JUL-19
INVOICE NUMBER	13559409
CUSTOMER ID	152666
PURCHASE ORDER	
SALES REP	Rebecca Stout
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO: DR MATTHEW HARTMAN 941 1ST ST LA SALLE IL 61301-2537

10221740 ID# 80439135-SMANDREA (2)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
2	5381_US	Opalescence 10% PF Regular Doctor Kit	Y	42.49	84.98
1	FRT	Freight	Υ	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
101.93	6.37	0.00	108.30	108.30	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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SALES REP	Rebecca Stout	

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 DR MATTHEW HARTMAN 941 1ST ST LA SALLE IL 61301-2537 REMIT TO:

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