



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  
BRIGGS FAMILY DENTAL  
9743 S CONGRESS ST STE B  
NEW MARKET VA 22844

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	17-AUG-19
TERMS	30 NET
INVOICE DATE	18-JUL-19
INVOICE NUMBER	13578809
CUSTOMER ID	423948
PURCHASE ORDER	
SALES REP	Jose Bernal
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

**SHIP TO:**  
BRIGGS FAMILY DENTAL  
9743 S CONGRESS ST STE B  
NEW MARKET VA 22844

10239506 ID# 80439137-SMANDREA (9)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	5397_US	Opalescence 15% PF Mint Refill Kit	Y	150.99	150.99
3	5382_US	Opalescence 15% PF Mint Doctor Kit	Y	38.24	114.72
2	5385_US	Opalescence 20% PF Mint Doctor Kit	Y	38.24	76.48
1	5398_US	Opalescence 15% PF Melon Refill Kit	Y	150.99	150.99
1	5400_US	Opalescence 20% PF Mint Refill Kit	N	0	0.00
1	03	Booklet Domestic Catalog	N	0	0.00

Saved Amount: \$172.24

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
493.18	26.13	0.00	519.31	519.31	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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CURRENCY	USD
TERMS	30 NET
INVOICE NUMBER	13578809
CUSTOMER ID	423948
SALES REP	Jose Bernal

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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