



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 J MICHAEL ROONEY
307 GRETN BLVD STE C
GRETN LA 70053-4974

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	30-AUG-19
TERMS	30 NET
INVOICE DATE	31-JUL-19
INVOICE NUMBER	13593178
CUSTOMER ID	88302
PURCHASE ORDER	
SALES REP	Paige Bell
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

DR J MICHAEL ROONEY
307 GRETN BLVD STE C
GRETN LA 70053-4974

10250961 ID# 80439139-SMANDREA (18)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
10	5383_US	Opalescence 15% PF Melon Doctor Kit	N	38.24	382.40
5	5386_US	Opalescence 20% PF Melon Doctor Kit	N	0	0.00
1	5398_US	Opalescence 15% PF Melon Refill Kit	N	150.99	150.99
1	5401_US	Opalescence 20% PF Melon Refill Kit	N	150.99	150.99
1	5395_US	Opalescence 10% PF Melon Refill Kit	N	0	0.00

Saved Amount: \$405.94

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
684.38	0.00	0.00	684.38	684.38	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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CURRENCY	USD
TERMS	30 NET
INVOICE NUMBER	13593178
CUSTOMER ID	88302
SALES REP	Paige Bell

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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307 GRETN BLVD STE C
GRETN LA 70053-4974

REMIT TO:

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

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