



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 IVUS CROUCH  
PO BOX 293  
LEDBETTER KY 42058-0293

**INVOICE**

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	13-SEP-19
TERMS	30 NET
INVOICE DATE	14-AUG-19
INVOICE NUMBER	13610516
CUSTOMER ID	85925
PURCHASE ORDER	
SALES REP	Kristen McMillan
TO VIEW ONLINE GO TO:	<a href="http://ultradent.billtrust.com">http://ultradent.billtrust.com</a>

**SHIP TO:**

DR IVUS CROUCH  
1654 US 60 WEST  
LEDBETTER KY 42058-0293

10268683 ID# 80439281-SMANDREA (10)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
10	5384_US	Opalescence 15% PF Regular Doctor Kit	Y	38.24	382.40

**Saved Amount: \$42.50**

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
382.40	22.94	0.00	405.34	405.34	0.00

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PLEASE RETURN THIS PORTION WITH PAYMENT



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CURRENCY	USD
TERMS	30 NET
INVOICE NUMBER	13610516
CUSTOMER ID	85925
SALES REP	Kristen McMillan

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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