

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 ADVANCED DENTAL CENTER P A 89 OLD TROLLEY RD STE A SUMMERVILLE SC 29485-4933

## INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	17-AUG-19
TERMS	30 NET
INVOICE DATE	18-JUL-19
INVOICE NUMBER	13577147
CUSTOMER ID	144244
PURCHASE ORDER	
SALES REP	Web Store
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO: ADVANCED DENTAL CENTER P A 89 OLD TROLLEY RD STE A SUMMERVILLE SC 29485-4933

10238103 ID# 80439403-SMANDREA (3)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
2	5397_US	Opalescence 15% PF Mint Refill Kit	Y	143.44	286.88
1	5394_US	Opalescence 10% PF Mint Refill Kit	Y	143.44	143.44

Saved Amount: \$22.65

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
430.32	30.12	0.00	460.44	460.44	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



AMOUNT DUE	0.00	
CURRENCY	USD	
TERMS	30 NET	
INVOICE NUMBER	13577147	
CUSTOMER ID	144244	
SALES REP	Web Store	

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:

REMIT TO:

Attn: Accounts Payable ADVANCED DENTAL CENTER P A 89 OLD TROLLEY RD STE A SUMMERVILLE SC 29485-4933 ULTRADENT PRODUCTS, INC. PO BOX 952648 ST LOUIS, MO 63195-2648