



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
ALLEGANY DENTAL CARE
17719 VIRGINIA AVE
HAGERSTOWN MD 21740

INVOICE

AMOUNT DUE	825.51
CURRENCY	USD
DUE DATE	09-OCT-19
TERMS	30 NET
INVOICE DATE	09-SEP-19
INVOICE NUMBER	13633624
CUSTOMER ID	123572
PURCHASE ORDER	
SALES REP	Sandra Nakasone
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

ALLEGANY DENTAL CARE
17719 VIRGINIA AVE
HAGERSTOWN MD 21740

10288748 ID# 80439471-SMANDREA (8)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	5396_US	Opalescence 10% PF Regular Refill Kit	Y	143.44	143.44
1	5402_US	Opalescence 20% PF Regular Refill Kit	Y	143.44	143.44
1	5400_US	Opalescence 20% PF Mint Refill Kit	Y	143.44	143.44
5	4523	Enamelast Syringe 20pk - Walterberry	Y	69.69	348.45

Saved Amount: \$84.15

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
778.77	46.74	0.00	825.51	0.00	825.51

PLEASE RETURN THIS PORTION WITH PAYMENT



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SALES REP	Sandra Nakasone

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:

ULTRADENT PRODUCTS, INC.
PO BOX 952648
ST LOUIS, MO 63195-2648

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