

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 MAZEN TINAWI 57 LAKEVIEW AVE 2ND FL Clifton NJ 07011

INVOICE

| AMOUNT DUE | 0.00 |
|-----------------------|--------------------------------|
| CURRENCY | USD |
| DUE DATE | 20-SEP-19 |
| TERMS | IMMEDIATE |
| INVOICE DATE | 20-SEP-19 |
| INVOICE NUMBER | 13656431-1 |
| CUSTOMER ID | 970477 |
| PURCHASE ORDER | |
| SALES REP | Ashley Campos |
| TO VIEW ONLINE GO TO: | http://ultradent.billtrust.com |

SHIP TO: DR MAZEN TINAWI 57 LAKEVIEW AVE 2ND FL Clifton NJ 07011

10310176 ID# 80439554-SMANDREA (33)

| QTY | ITEM NUMBER | DESCRIPTION/COMMENTS | TAX | UNIT PRICE | EXTENDED PRICE |
|-----|-------------|--------------------------------------|-----|------------|----------------|
| 2 | 5359_US | Opalescence Quick 45% PF Refill Kit | Y | 150.99 | 301.98 |
| 1 | 5403_US | Opalescence 35% PF Mint Refill Kit | N | 0 | 0.00 |
| 20 | 5357_US | Opalescence Quick 45% PF Patient Kit | Y | 38.49 | 769.80 |
| 10 | 5373_US | Opalescence 35% PF Mint Patient Kit | N | 0 | 0.00 |

Saved Amount: \$535.89

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 |
|----------|-----------|---------|---------------|-------------|------------|
| 1,071.78 | 71.01 | 0.00 | 1,142.79 | 1,142.79 | 0.00 |

PLEASE RETURN THIS PORTION WITH PAYMENT



| AMOUNT DUE | 0.00 | |
|----------------|---------------|--|
| CURRENCY | USD | |
| TERMS | IMMEDIATE | |
| INVOICE NUMBER | 13656431-1 | |
| CUSTOMER ID | 970477 | |
| SALES REP | Ashley Campos | |

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:

Attn: Accounts Payable DR MAZEN TINAWI 57 LAKEVIEW AVE 2ND FL Clifton NJ 07011 REMIT TO:

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