



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
585 DENTIST
2751 DEWEY AVE
ROCHESTER NY 14616

INVOICE

AMOUNT DUE	512.55
CURRENCY	USD
DUE DATE	26-OCT-19
TERMS	30 NET
INVOICE DATE	26-SEP-19
INVOICE NUMBER	13661773
CUSTOMER ID	394894
PURCHASE ORDER	
SALES REP	Web Store
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

585 DENTIST
2751 DEWEY AVE
ROCHESTER NY 14616

10315673 ID# 80439573-SMANDREA (3)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	5400_US	Opalescence 20% PF Mint Refill Kit	Y	143.44	143.44
1	5405_US	Opalescence 35% PF Regular Refill Kit	Y	143.44	143.44
1	5402_US	Opalescence 20% PF Regular Refill Kit	Y	143.44	143.44
1	OVRNHT	Overnight Freight	Y	44.25	44.25

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
474.57	37.98	0.00	512.55	0.00	512.55

PLEASE RETURN THIS PORTION WITH PAYMENT



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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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