

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 ABC FAMILY DENTISTRY 1018 TUSCULUM BLVD Greeneville TN 37745

## INVOICE

| AMOUNT DUE            | 0.00                           |
|-----------------------|--------------------------------|
| CURRENCY              | USD                            |
| DUE DATE              | 27-SEP-19                      |
| TERMS                 | 30 NET                         |
| INVOICE DATE          | 28-AUG-19                      |
| INVOICE NUMBER        | 13627930                       |
| CUSTOMER ID           | 183981                         |
| PURCHASE ORDER        |                                |
| SALES REP             | Lesley Williams                |
| TO VIEW ONLINE GO TO: | http://ultradent.billtrust.com |

SHIP TO:

ABC FAMILY DENTISTRY 1018 TUSCULUM BLVD Greeneville TN 37745

10283621 ID# 80438674-SMANDREA (2)

| QTY | ITEM NUMBER | DESCRIPTION/COMMENTS   | TAX | UNIT PRICE | EXTENDED PRICE |
|-----|-------------|--|-----|------------|----------------|
| 1   | 3472        | Opalescence Sensitivity Relief Whitening Toothpaste 1 oz. 24pk | Y   | 56.99      | 56.99          |
| 1   | 3470        | Opalescence Sensitivity Relief Whitening Toothpaste 4.7oz 12pk | Υ   | 68.49      | 68.49          |

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 |
|----------|-----------|---------|---------------|-------------|------------|
| 125.48   | 12.23     | 0.00    | 137.71        | 137.71      | 0.00       |

PLEASE RETURN THIS PORTION WITH PAYMENT



| AMOUNT DUE     | 0.00            |  |
|----------------|-----------------|--|
| CURRENCY       | USD             |  |
| TERMS          | 30 NET          |  |
| INVOICE NUMBER | 13627930        |  |
| CUSTOMER ID    | 183981          |  |
| SALES REP      | Lesley Williams |  |

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 ABC FAMILY DENTISTRY 1018 TUSCULUM BLVD Greeneville TN 37745 ULTRADENT PRODUCTS, INC. PO BOX 952648 ST LOUIS, MO 63195-2648