

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 PC 9501 NIAGARA FALLS BLVD NIAGARA FALLS NY 14304

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	23-SEP-19
TERMS	IMMEDIATE
INVOICE DATE	23-SEP-19
INVOICE NUMBER	13656804
CUSTOMER ID	133984
PURCHASE ORDER	
SALES REP	Braydan Lundell
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

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QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
3	5916	UltraTemp Regular Kit	Y	50.82	152.46
4	5364_US	Opalescence 10% PF Mint Patient Kit	Y	36.57	146.28
1	5394_US	Opalescence 10% PF Mint Refill Kit	Y	143.44	143.44
1	5397_US	Opalescence 15% PF Mint Refill Kit	Y	143.44	143.44
1	5400_US	Opalescence 20% PF Mint Refill Kit	Y	143.44	143.44
1	4635_US	Opalescence GO 10% Mint Patient Kit 6pk - US	Y	255.49	255.49

Saved Amount: \$38.34

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
984.55	78.78	0.00	1,063.33	1,063.33	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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CURRENCY	USD
AMOUNT DUE	0.00

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:

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