

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 MORRISTOWN FAMILY DENTISTRY 4651 W ANDREW JOHNSON HWY MORRISTOWN TN 37814

## INVOICE

| AMOUNT DUE            | 0.00                           |
|-----------------------|--------------------------------|
| CURRENCY              | USD                            |
| DUE DATE              | 10-JUL-19                      |
| TERMS                 | Credit Card                    |
| INVOICE DATE          | 10-JUL-19                      |
| INVOICE NUMBER        | 13567253                       |
| CUSTOMER ID           | 349053                         |
| PURCHASE ORDER        |                                |
| SALES REP             | Web Store                      |
| TO VIEW ONLINE GO TO: | http://ultradent.billtrust.com |

SHIP TO:

MORRISTOWN FAMILY DENTISTRY 4651 W ANDREW JOHNSON HWY MORRISTOWN TN 37814

|                       | 10229190 ID# 80438944-SMANDF |  |     |            |                |  |  |  |
|-----------------------|------------------------------|--|-----|------------|----------------|--|--|--|
| QTY                   | ITEM NUMBER                  | DESCRIPTION/COMMENTS                   | TAX | UNIT PRICE | EXTENDED PRICE |  |  |  |
| 9                     | 5366_US                      | Opalescence 10% PF Regular Patient Kit | Υ   | 34.64      | 311.76         |  |  |  |
| Saved Amount: \$34.65 |                              |  |     |            |                |  |  |  |

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 |
|----------|-----------|---------|---------------|-------------|------------|
| 311.76   | 30.39     | 0.00    | 342.15        | 342.15      | 0.00       |

PLEASE RETURN THIS PORTION WITH PAYMENT



| AMOUNT DUE     | 0.00        |  |
|----------------|-------------|--|
| CURRENCY       | USD         |  |
| TERMS          | Credit Card |  |
| INVOICE NUMBER | 13567253    |  |
| CUSTOMER ID    | 349053      |  |
| SALES REP      | Web Store   |  |

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 MORRISTOWN FAMILY DENTISTRY 4651 W ANDREW JOHNSON HWY MORRISTOWN TN 37814 **REMIT TO:** 

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