



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 ROBERT ZARABI
150 E 58TH ST
8TH FL
New York NY 10155

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	31-JUL-19
TERMS	IMMEDIATE
INVOICE DATE	31-JUL-19
INVOICE NUMBER	13593305
CUSTOMER ID	427983
PURCHASE ORDER	
SALES REP	Paige Bell
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

DR ROBERT ZARABI
150 E 58TH ST
8TH FL
New York NY 10155

10252767 ID# 80438950-SMANDREA (21)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
10	5357_US	Opalescence Quick 45% PF Patient Kit	Y	38.49	384.90
5	5370_US	Opalescence 20% PF Mint Patient Kit	N	0	0.00
2	S4630_US	Opalescence GO Mint 10% Sample - US	N	0	0.00
2	S4633_US	Opalescence GO Mint 15% Sample - US	N	0	0.00
2	S315	Sample Opal PF 15% & 20%	N	0	0.00

Saved Amount: \$192.45

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
384.90	34.16	0.00	419.06	419.06	0.00

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:

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