



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 CHRIS T SHITABATA  
8360 RED OAK ST STE 101  
RANCHO CUCAMONGA CA 91730-3867

**INVOICE**

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	24-AUG-19
TERMS	30 NET
INVOICE DATE	25-JUL-19
INVOICE NUMBER	13586330
CUSTOMER ID	163627
PURCHASE ORDER	
SALES REP	Molly Kendall
TO VIEW ONLINE GO TO:	<a href="http://ultradent.billtrust.com">http://ultradent.billtrust.com</a>

**SHIP TO:**

DR CHRIS T SHITABATA  
8360 RED OAK ST STE 101  
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10246521 ID# 80439286-SMANDREA (10)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	5405_US	Opalescence 35% PF Regular Refill Kit	Y	150.99	150.99
5	5387_US	Opalescence 20% PF Regular Doctor Kit	Y	38.24	191.20
3	645	ViscoStat IndiSpense Refill	Y	36.09	108.27
1	157	1.2ml Plastic Syringe 100pk	Y	37.99	37.99

**Saved Amount: \$26.95**

Online ordering is now available 24 hours a day, 7 days a week. Please visit [www.ultradent.com](http://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
488.45	37.85	0.00	526.30	526.30	0.00

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PLEASE RETURN THIS PORTION WITH PAYMENT



AMOUNT DUE	0.00
CURRENCY	USD
TERMS	30 NET
INVOICE NUMBER	13586330
CUSTOMER ID	163627
SALES REP	Molly Kendall

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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