

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 50TH & FRANCE DENTAL CARE 3939 W 50TH ST STE 210 EDINA MN 55424-1258

## INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	01-AUG-19
TERMS	IMMEDIATE
INVOICE DATE	01-AUG-19
INVOICE NUMBER	13596207
CUSTOMER ID	110978
PURCHASE ORDER	
SALES REP	Mark Lewis
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

50TH & FRANCE DENTAL CARE 3939 W 50TH ST STE 210 EDINA MN 55424-1258

0255762 ID# 80439470-SMANDREA (6)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
4	5396_US	Opalescence 10% PF Regular Refill Kit	Y	143.44	573.76
2	5396_US	Opalescence 10% PF Regular Refill Kit	N	0	0.00

Saved Amount: \$332.18

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
573.76	46.05	0.00	619.81	619.81	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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CURRENCY	USD	
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INVOICE NUMBER	13596207	Uses of the second
CUSTOMER ID	110978	
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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

BILL TO:

Attn: Accounts Payable 50TH & FRANCE DENTAL CARE 3939 W 50TH ST STE 210 EDINA MN 55424-1258 REMIT TO:

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