ULTRADENT PRODUCTS, INC.

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	17-AUG-19
TERMS	30 NET
INVOICE DATE	18-JUL-19
INVOICE NUMBER	13577147
CUSTOMER ID	144244
PURCHASE ORDER	
SALES REP	Web Store
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

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 CENTER P A
89 OLD TROLLEY RD STE A
SUMMERVILLE SC 29485-4933

SHIP TO:
ADVANCED DENTAL CENTER P A
89 OLD TROLLEY RD STE A
SUMMERVILLE SC 29485-4933

10238103 ID# 80439467-SMANDREA (3)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
2	5397_US	Opalescence 15% PF Mint Refill Kit	Y	143.44	286.88
1	5394_US	Opalescence 10% PF Mint Refill Kit	Y	143.44	143.44

Saved Amount: $22.65

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
430.32	30.12	0.00	460.44	460.44	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT

ULTRADENT PRODUCTS, INC.

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CURRENCY	USD
TERMS	30 NET
INVOICE NUMBER	13577147
CUSTOMER ID	144244
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
ADVANCED DENTAL CENTER P A
89 OLD TROLLEY RD STE A
SUMMERVILLE SC 29485-4933

REMIT TO:

ULTRADENT PRODUCTS, INC.
PO BOX 952648
ST LOUIS, MO 63195-2648

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