



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 SHEA BESS  
3556 W 9800 S  
STE 102  
SOUTH JORDAN UT 84095-3225

**INVOICE**

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	23-MAY-21
TERMS	30 NET
INVOICE DATE	23-APR-21
INVOICE NUMBER	406000
CUSTOMER ID	1066536
PURCHASE ORDER	4-22-21 CFS
SALES REP	DIANA GOMEZ
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

**SHIP TO:**

DR SHEA BESS  
3556 W 9800 S  
STE 102  
SOUTH JORDAN UT 84095-3225

10877029 ID# 93320279-GDIANA (12)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	4759-EU	Opalescence Office 6% 2pk Refill	N	0	0.00
1	4758-EU	Opalescence Office 6% Econo Refill	N	0	0.00
1	4740-EU	Opalescence Office 6% Intro Kit	N	0	0.00
1	4757-EU	Opalescence Office 6% Patient Kit	N	0	0.00
1	4860-EU	Opalescence Toothpaste Original 4.7oz 12pk NE	N	0	0.00
1	4858-EU	Opalescence Toothpaste Sensitivity Relief 4.7oz 12pk NE	N	0	0.00
1	5099	Opalescence PF 10% Regular Kit for Aligners - Global	N	0	0.00
1	S1271	Sample Opal PF 10% Mint/Melon	N	0	0.00
1	S4634-EU	Sample Opalescence Go 6% Mint (EU)	N	0	0.00
1	S230-EU	Sample Opalescence PF 2pk EU	N	0	0.00
1	S4633	Opalescence GO Mint 15% Sample	N	0	0.00
1	S315	Sample Opal PF 15% & 20%	N	0	0.00

**Saved Amount: \$408.49**

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.

SUBTOTAL	SALES TAX	CHARGES	INVOICE TOTAL	AMOUNT PAID	AMOUNT DUE
0.00	0.00	0.00	0.00	0.00	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



AMOUNT DUE	0.00
CURRENCY	USD
TERMS	30 NET
INVOICE NUMBER	406000
CUSTOMER ID	1066536
SALES REP	DIANA GOMEZ

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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