



**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 PAULA SORRELL DDS  
 2560 LAKEBAY RD  
 Vass NC 28394

# INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	01-OCT-19
TERMS	IMMEDIATE
INVOICE DATE	01-OCT-19
INVOICE NUMBER	13667111
CUSTOMER ID	438048
PURCHASE ORDER	
SALES REP	Jeremy Wilson
TO VIEW ONLINE GO TO:	<a href="http://ultradent.billtrust.com">http://ultradent.billtrust.com</a>

**SHIP TO:**  
 DR PAULA SORRELL DDS  
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10320308 ID# 80438792-SMANDREA (7)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	4750_US	Opalescence Boost PF 40% Intro Kit - US	Y	113.99	113.99
1	1007074	Opalescence Boost 40% Technique Guide (ND)	N	0	0.00
2	1821	KleerView Adult Size	Y	25.99	51.98
1	4057	Thermo Clone VPS Light Body 2x50 ml Refill Kit	Y	42.49	42.49
1	426	Vit-I-escence Syringe C1 Refill	Y	44.49	44.49
1	03	Booklet Domestic Catalog	N	0	0.00

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
252.95	17.70	0.00	270.65	270.65	0.00

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 PLEASE RETURN THIS PORTION WITH PAYMENT



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CUSTOMER ID	438048
SALES REP	Jeremy Wilson

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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