



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
SUMMIT FAMILY DENTAL CARE
1420 EAST MCANDREWS RD
Medford OR 97504

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	01-JUL-17
TERMS	30 NET
INVOICE DATE	01-JUN-17
INVOICE NUMBER	12699640
CUSTOMER ID	254451
PURCHASE ORDER	
SALES REP	Rebecca Stout
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com

SHIP TO:

SUMMIT FAMILY DENTAL CARE
1420 EAST MCANDREWS RD
Medford OR 97504

9403887 ID# 69297239-SMANDREA (6)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
2	417	Ultra-Blend Plus Opaque White Refill	N	42.49	84.98
3	5346	Opalescence Quick PF 45% Kit	N	29.92	89.76
1	5404	Opalescence 35% PF Melon Refill Kit	N	141.99	141.99

Saved Amount: \$4.71

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
316.73	0.00	0.00	316.73	316.73	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT



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CURRENCY	USD
TERMS	30 NET
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CUSTOMER ID	254451
SALES REP	Rebecca Stout

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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ST LOUIS, MO 63195-2648

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