ULTRADENT PRODUCTS, INC.

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	16-NOV-18
TERMS	30 NET
INVOICE DATE	17-OCT-18
INVOICE NUMBER	13255037
CUSTOMER ID	422384
PURCHASE ORDER	
SALES REP	Emelie Athmann
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
BOTSFORD DENTAL
2940 SISKIYOU BLVD
Medford OR 97504

SHIP TO:
BOTSFORD DENTAL
2940 SISKIYOU BLVD
Medford OR 97504

9934036 ID# 72329799-SMANDREA (4)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	5394_US	Opalescence 10% PF Mint Refill Kit	N	139.17	139.17
1	5400_US	Opalescence 20% PF Mint Refill Kit	N	139.17	139.17
1	5403_US	Opalescence 35% PF Mint Refill Kit	N	139.17	139.17
1	647	ViscoStat Dento-Infusor IndiSpense Kit	N	56.99	56.99

Saved Amount: $21.96

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
474.50	0.00	0.00	474.50	474.50	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT

ULTRADENT PRODUCTS, INC.

AMOUNT DUE	0.00
CURRENCY	USD
TERMS	30 NET
INVOICE NUMBER	13255037
CUSTOMER ID	422384
SALES REP	Emelie Athmann

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
BOTSFORD DENTAL
2940 SISKIYOU BLVD
Medford OR 97504

REMIT TO:

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

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