ULTRADENT PRODUCTS, INC.

INVOICE

AMOUNT DUE	0.00
CURRENCY	USD
DUE DATE	01-FEB-18
TERMS	30 NET
INVOICE DATE	02-JAN-18
INVOICE NUMBER	12917196
CUSTOMER ID	340676
PURCHASE ORDER	
SALES REP	Sue Latshaw
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
DR JEFFERY DAVIDSON
421 STATE ST
Hamilton MT 59840

SHIP TO:
DR JEFFERY DAVIDSON
421 STATE ST
Hamilton MT 59840

9618199 ID# 68376318-SMANDREA (4)

QTY	ITEM NUMBER	DESCRIPTION/COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
1	157	1.2ml Plastic Syringe 100pk	N	27.74	27.74
2	4635	Opalescence GO 10% Mint Patient Kit 6pk	N	239.87	479.74
1	4636	Opalescence GO 10% Melon Patient Kit 6pk	N	239.87	239.87

Saved Amount: $47.11

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
747.35	0.00	0.00	747.35	747.35	0.00

PLEASE RETURN THIS PORTION WITH PAYMENT

ULTRADENT PRODUCTS, INC.

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CURRENCY	USD
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CUSTOMER ID	340676
SALES REP	Sue Latshaw

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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Hamilton MT 59840

REMIT TO:

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

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