

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089097  
Vendor Name: Ultradent Products  
Invoice Number: 13021210  
Invoice Date: 03/29/18  
PO Number: P0357061  
Check Number: E0066718  
Check Amount: \$ 242.84  
Check Date: 04/25/2018  
Department ID: 64002  
Reviewer Name: Yvonne Bedford  
Voucher Number: V0509129  
Redaction Type: None  
Document Type: AP Invoice

Document Below



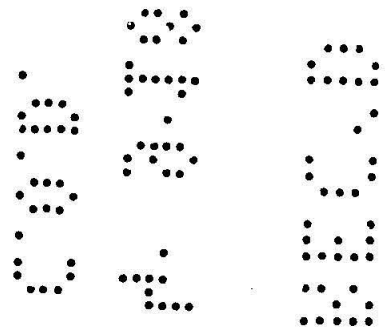
**RETURN PROCEDURE:**

If you are not completely satisfied with any product, please call our customer service department at 1-800-552-5512 within 30 days from the date of receipt of your products. Failure to do so may subject any return to a 20% restocking fee.

1. Call our customer service department at 1-800-552-5512.
2. If item(s) are eligible for return you will be provided with a return authorization number and return shipping label. (Please note: all return authorizations expire 90 days from date issued).
3. Please include a copy of the invoice or packing slip with the returned merchandise. This will assist us in providing better service in crediting your account correctly. Please also include the contact name of the person making the return and daytime phone number.
4. Wrap packages securely, place the provided return label on the package and give package to shipper indicated on the return label.

ALL RETURNS SHOULD BE SHIPPED TO:

**RETURNS DEPARTMENT**  
Ultradent Products, Inc.  
505 West 10200 South  
South Jordan, Utah 84095



TO ABIDE BY CREDIT CARD ISSUER RULES, AS OF SEPTEMBER 30, 2013, WE WILL NO LONGER BE ABLE TO PROCESS MAILED CREDIT CARD PAYMENTS. PLEASE PAY ONLINE OR CALL OUR ACCOUNTING DEPARTMENT.

Change of address information:

Address Line 1 \_\_\_\_\_ Phone No. \_\_\_\_\_

Address Line 2 \_\_\_\_\_ Fax No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_