

INVOICE

SEE REVERSE SIDE FOR MORE INFORMATION



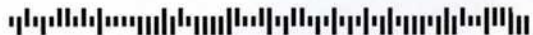
P.O. Box 450
Waterloo, IA 50704

Billing 800.852.6180/Ordering 800.331.4976/www.poscorp.com

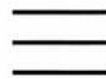
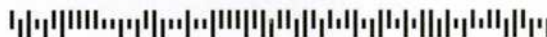
CREDIT AMOUNT	ACCOUNT NO.	PAGE NO.
	458925	1
INVOICE TOTAL	INVOICE NO.	DATE
\$304.64	002283007	02/04/2015

MAKE CHECKS PAYABLE TO:

ADDRESS SERVICE REQUESTED 4 1



PROFESSIONAL OFFICE SERVICES
PO BOX 450
WATERLOO IA 50704-0450



DES MOINES DENTAL CENTER
21904 MARINE DR S STE A
DES MOINES, WA 98198-6103



623456

00000000045892500228300700000304643

To report a change of address
mark box and see reverse side.

TO INSURE PROPER CREDIT, PLEASE RETURN THE TOP PORTION OF INVOICE WITH YOUR PAYMENT. THANK YOU!

YOUR P.O. NO.	OFFICE USE ONLY	ORDER NO.	SALES NO.	TERMS
		716727	60412	NET DUE ON INVOICE

DESCRIPTION	QUANTITY	UNIT AMOUNT	NET AMOUNT
ENVELOPES/9912026 E360	1000	257.61	257.61



2/12. Ameyb.

SUB-TOTAL 257.61
FREIGHT 20.60
SALES TAX 26.43

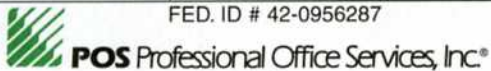
DATE	ACCOUNT #	INVOICE #	ORDER DATE
02/04/2015	458925	002283007	01/27/2015



INVOICE TOTAL
\$304.64
CREDIT AMOUNT

FED. ID # 42-0956287

SHIP TO ADDRESS:



P.O. BOX 450
WATERLOO, IA 50704

DES MOINES DENTAL CENTER
21904 MARINE DR. SO. STE A
DES MOINES WA 98198

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A service charge of

1.5% (18.0% A.P.R.)

will be applied to past due invoices.

SEE REVERSE SIDE FOR MORE INFORMATION / FAQ LIST