

BILL TO:
SMILES OF BAJA CA
7668 EL CAMINO REAL
104-502
C/O SMILES INT FOUNDATION
CARLSBAD CA 92009

SHIP TO:
SMILES INT FOUNDATION
7668 EL CAMINO REAL
104-502
CARLSBAD CA 92009

INVOICE #	DATE	ORDER #	DATE	CUSTOMER P. O. # CUSTOMER #	TERMS SHIPPING	REP
875473	03/10/12	1024614	02/09/12	10741	DUE BY 30TH DAY EXPRESS SAV-N/C	001
ORDERED BY AARON BICE				*		

ORDER	SHIP	B/O	U/M	ITEM / DESCRIPTION	UNIT PRICE	AMOUNT
1	1		001	BONE GRAFT ORAL SURGERY 15-735-20 LOC 001 N 15-735-20-07 RETRACTOR, WEITLANER SELF- RETAINING, 3 x 4 TEETH, BLUNT, 20CM, 8" Lot Numbers: Qty K5B 1	115.50	115.50
1	1		001	23-334-20 LOC 001 N 23-334-20-07 CURETTE, BRUNS BONE, OVAL CUP, SIZE 00, SOLID HANDLE, 23CM, 9" Lot Numbers: Qty K5A 1	107.00	107.00
1		1	001	23-335-03 LOC 001 N 23-335-03-07 CURETTE, BRUNS BONE, OVAL CUP, SIZE 3, SOLID HANDLE, 23CM, 9"	107.00	.00
1		1	001	27-151-17 LOC 001 N 27-151-17-07 RETRACTOR, TRACHEAL LUKENS 17CM, 6-3/4"	38.50	.00
1		1	001	11-932-11 LOC 001 N 11-932-11-07 SCISSORS, STRABISMUS, STRAIGHT BLUNT/BLUNT, TC, 11.5CM, 4-1/2"	91.00	.00
Subtotal						222.50
(Continued on Page 2)						

IMPORTANT: THE PURCHASE AND SALE OF THE GOODS DESCRIBED ABOVE ARE SUBJECT TO THE SALES POLICY AND TERMS AND CONDITIONS OF SALE ON THE REVERSE SIDE OF THIS DOCUMENT WHICH ARE MADE A PART HEREOF.



PLEASE REMIT ALL PAYMENTS TO:
 P.O. BOX 16427
 JACKSONVILLE, FLORIDA 32245-6427
 1-800-625-1557 • Fax 904-641-7378

INVOICE

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875473	03/10/12	1024614	02/09/12	10741	DUE BY 30TH DAY EXPRESS SAV-N/C	001
ORDERED BY AARON BICE				*		

ORDER	SHIP	B/O	U/M	ITEM / DESCRIPTION	UNIT PRICE	AMOUNT
				(Page 2)		
				NO CHARGE FREIGHT	N	.00
				Tax #: 1602399 PCORF		
				Total Due On 04/09/12		222.50

Y=Taxable N=Non Taxable
 ALL ORDERS CONFIRMED AT TIME OF ORDER PLACEMENT

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