



INVOICE

Jubilant HollisterStier LLC
 PO Box 3145
 Spokane WA 99220
 Customer Service 800-495-7437

INVOICE DATE	PAGE	OF	INVOICE NO.
01/22/2024	1	2	91867495
DATE ORDER RECEIVED	01/18/2024		
PURCHASE ORDER NO.	N/A		
TRACKING NO.	705595211236		

REMITTANCE INFORMATION BELOW

BILL TO:

Princeton Allergy & Asthma
 Montgomery Prof Center
 24 Vreeland Dr Suite 2
 Skillman NJ US 08558

SHIP TO:

Princeton Allergy & Asthma
 Montgomery Prof Center
 24 Vreeland Dr Suite 2
 Skillman NJ US 08558

PAY INVOICE ONLINE <https://orders.hsallergy.com>

CUSTOMER NUMBER	JHS ORDER NO.	INVOICE NO.	TERMS
21542300	524737	91867495	Net 30 days from invoice date

ITEM NO.	DESCRIPTION	U/M	QTY SHIPPED	UNIT PRICE	AMOUNT
	FOR CUSTOMER SERVICE OR ** TO ORDER CALL 800.495.7437* Pick List# 0081027233 EACH ITEM CONFIRMED ALL ITEMS NON RETURNABLE				
6786UY	MULTIDOSE VENOM 3900MCG 12DOSE MIXED VESPID VENOM B2300028	EA	8	795.60	6,364.80
6781UX	MULTIDOSE VENOM 1300MCG 12DOSE HONEY BEE VENOM B2300024	EA	5	334.80	1,674.00
6784UX3	Wasp 12D FG (US)	EA	5	481.50	2,407.50



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	WASP VENOM B2300042 TAXES FREIGHT				45.34

SHIPPING ERRORS MUST BE REPORTED WITHIN 7 DAYS AFTER RECEIPT OF MERCHANDISE.
ITEMS MAY NOT BE RETURNED FOR CREDIT OR EXCHANGE WITHOUT PRIOR WRITTEN AUTHORIZATION, WHICH MUST ACCOMPANY ALL RETURNED GOODS.

NET SALES AMOUNT	MISCELLANEOUS CHARGES	NJ TAXES	TERMS DISCOUNT	AMOUNT DUE
10,446.30	45.34	State 0.00 County 0.00 City 0.00 Local 0.00	0.00	10,491.64

Please remit to:
Jubilant HollisterStier LLC
14110 Collections Center Drive
Chicago, IL 60693-0141

PLEASE RETURN THIS STUB WITH REMITTANCE

BILL TO	TELEPHONE
Princeton Allergy & Asthma 24 Vreeland Dr Suite 2 Skillman, NJ 08558	609-921-2202
PURCHASE ORDER NUMBER	JHS ORDER NO.
N/A	524737

Jubilant HollisterStier LLC
14110 Collections Center Drive
Chicago, IL 60693-0141

CUSTOMER	INVOICE NO.	INVOICE DATE	TERMS DISCOUNT	TERMS	AMOUNT DUE
21542300	91867495	01/22/2024	0.00	Net 30 days from invoice date	10,491.64