



**Unitek
Solvent Services, Inc.**

AF16463

Recycling Facility
91-125 Kaomi Loop
Kapolei, HI 96707
EPA ID HID982443715
Phone: (808) 682-8284
Fax: (808) 673-3241

Mail Payment to
Unitek Solvent Services, Inc.
P.O. Box 700370
Kapolei, HI 96709

**INVOICE
NUMBER**

AF16463

ZONE NUMBER	CUSTOMER TELEPHONE	CUSTOMER NUMBER	SERVICE WEEK
0AHU	8086828284	10-60	17-45

SERVICE DATE	ZONE MGR. NUMBER	CUSTOMER PURCHASE ORDER	PAYMENT TERMS
11/09/17	RKS		COD

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B I L L T O	***CASH SALES
	PO BOX 700370
	KAPOLEI HI 967090370

L O C A T I O N	BIG ROCK RANCH
	66-540 KAMEHAMEHA HWY.
	HALEIWA HI 96712

ID / Description	Unit	Ordered	Shipped	Unit Price	Extension
2500 ANTIFREEZE DISPOSAL MANIFEST# 7459AF PICKED UP ON 11/9/2017	Gal	146	146	\$4.15	\$605.90

CONTRACT SECTION

TERMS ARE NET 30 DAYS FROM SERVICE DATE. PAST DUE ACCOUNTS ARE SUBJECT TO A FINANCE CHARGE OF 1.5% PER MONTH (18% PER ANNUM). IN THE EVENT OF DELINQUENCY, CUSTOMER HEREBY AGREES TO REIMBURSE UNITEK FOR ALL REASONABLE COLLECTION COSTS INCLUDING ATTORNEYS FEES.

I FULLY UNDERSTAND THE INFORMATION PRINTED ON THE REVERSE SIDE OF THIS INVOICE AND I HEREBY INDEMNIFY UNITEK AGAINST ANY LOSS OR CLAIM ARISING FROM THE USE OF ITS PRODUCTS AND/OR SERVICES.

I ACKNOWLEDGE RECEIPT OF THE PRODUCTS AND/OR SERVICES DESCRIBED IN THIS INVOICE. ALSO, UNLESS RECEIPT OF PAYMENT BY THE UNITEK REPRESENTATIVE IS EVIDENCED ON THIS INVOICE, I HEREBY ACKNOWLEDGE THAT PAYMENT FOR THESE PRODUCTS AND/OR SERVICES HAS NOT YET BEEN MADE EVEN IF THE TERMS WERE SUPPOSED TO BE C.O.D.

PRINT NAME: _____

CUSTOMER SIGNATURE X _____

SUB-TOTAL INVOICE AMOUNT	\$605.90
TAX @ 4.712 %	\$28.55

INVOICE TOTAL	\$634.45
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PAID

PAYMENT RECEIVED SECTION

CASH TOTAL RECEIVED APPLY PAYMENT TO:

CHECK NUMBER: *paid by credit card* TODAY'S PRODUCTS AND SERVICES

PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT \$ _____

INV. # _____ AMOUNT \$ _____

INV. # _____ AMOUNT \$ _____

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