



**Unitek
Solvent Services, Inc.**

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

M44658

**INVOICE
NUMBER**

M44658

| ZONE NUMBER | CUSTOMER TELEPHONE | CUSTOMER NUMBER | SERVICE WEEK |
|-------------|--------------------|-----------------|--------------|
| 0AHUJ | 8086828284 | 10-60 | 17-46 |

| SERVICE DATE | ZONE MGR. NUMBER | CUSTOMER PURCHASE ORDER | PAYMENT TERMS |
|--------------|------------------|-------------------------|---------------|
| 11/15/17 | ACD | | COD |

Page 1 of 1

| | |
|--|----------------------|
| 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 |
|---|------|---------|---------|------------|-----------|
| 4003 OILY WATER DISPOSAL MANIFEST# N15434A PICKED UP ON 11/15/2017 | Gal | 55 | 55 | \$0.79 | \$43.45 |
| 40035 HYDRO-CLOR TEST | EA | 1 | 1 | \$30.00 | \$30.00 |
| 4005 DRUM DISPOSAL | Each | 1 | 1 | \$45.00 | \$45.00 |
| 4001 PICK UP FEE | Each | 1 | 1 | \$79.00 | \$79.00 |

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 ATTORNEY'S 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 | \$197.45 |
| TAX @ 4.712% | \$9.30 |

INVOICE TOTAL \$206.75
PAID

PAYMENT RECEIVED SECTION

| | | |
|-------------------------------|-----------------|---|
| <input type="checkbox"/> CASH | TOTAL RECEIVED | APPLY PAYMENT TO: |
| CHECK NUMBER 8738 | \$206.75 | <input checked="" type="checkbox"/> TODAY'S PRODUCTS AND SERVICES <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS |
| INV. # _____ | AMOUNT \$ _____ | |
| INV. # _____ | AMOUNT \$ _____ | |
| INV. # _____ | AMOUNT \$ _____ | |