

ZONE	CUSTOMER	CUSTOMER	SERVICE
NUMBER	TELEPHONE	NUMBER	WEEK
OAHU	8086828284	10-60	18-16

INVOICE NUMBER

M45564

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

SERVICE	ZONE MGR.	CUSTOMER	PAYMENT
DATE	NUMBER	PURCHASE ORDER	TERMS
04/19/18	EIV		COD

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BIL	XXXCASH SA			LOCA	POHAKU MUI 66-540 KAM		HWY.	
TO	KAPOLET	HI	967090370	T ON	HALEIWA	1-131	96712	

ID / Description	Unit	Ordered	Shipped	Unit Price	Extension
40087 FETROLEUM SOLIDS LAB TEST LAB ANALYSIS# 18031400	EA	1.	1.	\$550,00	\$550,00
4008 PETROLEUM SOLID LOCAL DISPOS MANIFEST# N15709A PICKED UP ON 4/19/2018	Drums SAL.	2	2	\$350,00	\$700.00
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 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

	NVOICE AMOUNT	\$1.329.00 \$62.62		
TAX @	4.712 9	% \$62.62		
INVOI	CE TOTAL	\$1,391:62		
	PAYMENT RECEIV	VED SECTION		
_ CASH	TOTAL RECEIVED	/ APPLY PAYMENT TO:		
Paid MY	credit land	TODAY'S PRODUCTS AND SERVICES PREVIOUS BALANCE AS FOLLOWS		
INV. #	- 100	AMOUNT \$		
INV. #		AMOUNT \$		
INV. #		AMOUNT \$		