

## **USED OIL COLLECTION**

ZONE	CUSTOMER	CUSTOMER NUMBER	SERVICE WEEK
60		10-100	11517

INVOICE
NUMBER
W092543k

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	REP.	CUSTOMER	PAYMENT
DATE	NUMBER	PURCHASE ORDER	TERMS
1-13-17	71 /c.A		COD

POC: DUKE (305)923-5458 Strgl+104

B	Big Rock Ranch 66-540 Kamehameha Hwy.
Ĺ	66-540 Kamehameha Hwy.
T	Haleiwa, HI 96712

200	Same as bill to
CA	
I	
N	

halogenated solvents, of that this used oil is or m NAME (print):	R Part 279; that it or other hazardou	t does not ous materials ted with haz	contain PCBs and/or hazar	greater than dous wastes.	or equal to 2 pp I also certify the exardous waster	at no other u	at it has not used oil col	lector or oth	er entity has a	advised me, o	aners, brake s	spray, freor
Container No.	1	2	3	4	5	6	7	8	9	10	11	12
Tank or Drum	1000											
Water/Sludge	a selection											
Appearance	Left K											
								-				
Clor-D-Tect	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
AS AN AUTHORIZED I oil which passed all tes may be a hazardous v	ts; and that I hav vaste, that addition	re not remore onal laborat	ved any wate tory analysis	r or sludge. If must be perfo	any tank or dri ormed, and tha	um failed that if determi	lese tests, I ined to be	also certify hazardous,	that I have ac	vised the ger	nerator that su	ich materia
AS AN AUTHORIZED I	ts; and that I hav vaste, that addition	re not remore onal laborat	ved any wate tory analysis a governmen	r or sludge. If must be perfo	any tank or dri ormed, and the acility on the ma	um failed that if determi	lese tests, I ined to be	also certify hazardous,	that I have ac	vised the ger	nerator that su	ich materia
AS AN AUTHORIZED oil which passed all ter may be a hazardous v industrial fuel oil but ins	ts; and that I hav vaste, that addition tead must be trans gulated by	re not remore onal laborat	ved any wate tory analysis a governmen	er or sludge. If must be perfo t-authorized fa	any tank or dri ormed, and the acility on the ma	um failed that if determination of the control of t	lese tests, I ined to be	also certify hazardous, osal.	that I have ac such waste is	vised the ger	nerator that su	ich materia
AS AN AUTHORIZED I oil which passed all tes may be a hazardous w industrial fuel oil but ins NAME (print): Material Not Re	ts; and that I hav vaste, that addition tead must be trans gulated by	re not remore onal laborat	ved any wate tory analysis a governmen	er or sludge. If must be perfo t-authorized fa	any tank or dri ormed, and the acility on the ma	um failed that if determination of the control of t	nese tests, I ined to be proper dispo	also certify hazardous, osal.	that I have ac such waste is	dvised the ger s not suitable	nerator that su	uch materia lamation a
AS AN AUTHORIZED of which passed all test may be a hazardous windustrial fuel oil but instruction with the second	ts; and that I hav vaste, that addition tead must be tran gulated by L)	re not remore onal laborat	ved any wate tory analysis a governmen	er or sludge. If must be perfo t-authorized fa	any tank or dri ormed, and tha acility on the ma	um failed that if determination of the control of t	nese tests, I ined to be proper dispo	also certify hazardous, osal.	that I have ac such waste is	dvised the ger s not suitable	nerator that su	uch materia lamation a
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AS AN AUTHORIZED oil which passed all test may be a hazardous windustrial fuel oil but instruction with the second	ts; and that I havaste, that additional tead must be transcribed by L)	re not remore onal laborat	I tem	Descrip	any tank or driver and the collist on the man SIG	um failed that if determined for particular for par	nese tests, I ined to be proper dispo	also certify hazardous, osal.	M	ovised the gers not suitable and a s	e for local rec	GL

CON	TRAC	T SECT	TON
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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 FEFS.

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.

CLISTON	MED	SIGN	ATL	IDE	V

	VOICE AMOUNT	413.50			
INVOIC	E TOTAL	1291.95			
	PAYMENT RECEIV	VED SECTION			
CASH	TOTAL RECEIVED	APPLY PAYMENT TO:			
CHECK NUMBER	1299,95	TODAY'S PRODUCTS AND SERVICES PREVIOUS BALANCE AS FOLLOWS			
INV. #		AMOUNT \$			
INV. #	10	AMOUNT \$			
INV. #	0 0	AMOUNT \$			

REVISED 01/16