INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

Client Information:
[Customer Name]
[Business Name]
[Address]
[Contact Email]

Pickup Location:
[Site Address]
[Site Contact Name]

Item Description (E-Waste Category)	Weight / Qty	Unit Price	Total
[e.g., Computer Towers / Servers]			
[e.g., CRT / LCD Monitors]			
[e.g., Peripherals / Cables]			
[e.g., Data Destruction / Shredding]			

Subtotal: $_____

Tax: $_____

Grand Total: $_____

Notes: All materials are processed in compliance with local environmental regulations. A Certificate of Destruction will be provided upon request.

Payment Terms: Please make checks payable to [Company Name]. Thank you for your business and for recycling responsibly.