E-WASTE RECOVERY

123 Eco Way, Green City
contact@ewasterecovery.com

INVOICE

Invoice #: _____
Date: _____

CLIENT / GENERATOR:

_____
_____
_____

PICKUP LOCATION:

_____
_____
_____

Description (Item/Weight)	Category	Qty/Unit	Rate	Amount

Subtotal: $_____
Logistics/Transport: $_____

TOTAL DUE: $_____

Note: All hazardous materials are processed in compliance with environmental regulations. A Certificate of Destruction/Recycling will be issued upon completion of processing.

Payment Terms: Due within ____ days.