E-WASTE PICKUP INVOICE

Invoice #: _____
Date: _____

Service Provider:
[Company Name]
[Address Line 1]
[Phone / Email]

Customer:
[Customer Name]
[Pickup Address]
[City, State, Zip]

Item Description	Qty	Unit Price	Total

Pickup/Service Fee: $ _____

Recycling Surcharges: $ _____

Grand Total: $ _____

Notes: All hazardous materials handled according to local environmental regulations. Data destruction remains the responsibility of the resident unless otherwise specified.