



BILLING STATEMENT

STATEMENT NO.	
DATE	
CUSTOMER ID	
DUE DATE	

BILL TO

SERVICE ADDRESS

DATE	SERVICE/ WASTE DESCRIPTION	CONTAINER SIZE	QTY	UNIT RATE	TOTAL

TERMS & SPECIAL INSTRUCTIONS

SUBTOTAL

ENVIRONMENTAL FEE _____

FUEL SURCHARGE _____

TAX / REGULATORY FEE _____

TOTAL DUE

Authorized Signature

Date

Payment Reference/Check No.

_____ | _____ | _____