



Alameda County Industries

We are proud to be your service provider for Recyclables, Organics & Garbage.

P.O. Box 1629 San Leandro, CA 94577

INVOICE & STATEMENT

Customer Service Monday - Friday 7am - 6pm

510-483-1400 main 510-357-7329 fax

www.AlamedaCountyIndustries.com

Table with 5 columns: ACCT. NO., ACCOUNT NAME, INV. DATE, INV. NO., SERVICE PERIOD. Row 1: XXXXXX, SAMPLE, CUSTOMER, 10/01/2024, XXXXXXXXXX, 10/01/2024 - 12/31/2024

Table with 5 columns: Service Date, Description, Quantity, Rate, Amount

SITE 001 - SOME PLACE - 1234 FAKE ST

Table with 5 columns: Service Date, Description, Quantity, Rate, Amount. Rows for ORGANICS SERVICE-WEEKLY, RECYCLING SERVICE-WEEKLY, 32 GAL IWM SERVICE-WEEKLY

Subtotal: X.XX

Total New Charges: X.XX

Table with 5 columns: BALANCE FWD, PAYMENTS, ADJUSTMENTS, NEW CHARGES, ACCOUNT BALANCE. Row 1: \$X.XX, \$X.XX, \$X.XX, \$X.XX, \$X.XX

SEE BACK OF SLIP TO INDICATE AN ADDRESS CHANGE OR TO SIGN UP FOR PAPERLESS BILLING. PLEASE RETURN BOTTOM PORTION WITH PAYMENT. SEE BACK OF INVOICE FOR BILLING & SERVICE INFORMATION



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Table with 2 columns: Label, Value. Rows: ACCT. # (XXXXXX), INVOICE #: (XXXXXXXXXX), AMT. DUE: (\$X.XX), AMT. PAID:

Invoice Is Due: XX/XXXX

SAMPLE, CUSTOMER 1234 FAKE ST ALAMEDA CA 94502

ACI - ALAMEDA PO BOX 1629 SAN LEANDRO CA 94577-0389



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ACCT. NO.	ACCOUNT NAME	INV. DATE	INV. NO.	SERVICE PERIOD
XXXXXX	SAMPLE, CUSTOMER	10/31/2024	XXXXXXXXXX	10/01/2024 - 10/31/2024

Service Date	Description	Quantity	Rate	Amount
				X.XX
SITE 001 - SOME PLACE - 1234 FAKE ST				
10/01/24-12/31/24	96 GAL COMMINGLED REC N/C-WEEKLY	X.XX	X.XX	X.XX
10/01/24-12/31/24	32 GAL COMMERCIAL ORG N/C-WEEKLY	X.XX	X.XX	X.XX
10/01/24-12/31/24	1 YD GARBAGE-WEEKLY	X.XX	X.XX	X.XX
			Subtotal:	X.XX
			Total New Charges:	X.XX

BALANCE FWD	PAYMENTS	ADJUSTMENTS	NEW CHARGES	ACCOUNT BALANCE
\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX

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ACCT. #	XXXXXX
INVOICE #:	XXXXXXXXXX
AMT. DUE:	\$X.XX
AMT. PAID:	
Invoice Is Due: XX/XXXX	

SAMPLE, CUSTOMER 1234 FAKE ST ALAMEDA CA 94502

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ACCT. NO.	ACCOUNT NAME	INV. DATE	INV. NO.	SERVICE PERIOD
XXXXXX	SAMPLE, CUSTOMER	10/31/2024	XXXXXXXXXX	10/01/2024 - 10/31/2024

Service Date	Description	Quantity	Rate	Amount
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X.XX

SITE 001 - SOME PLACE - 1234 FAKE ST

10/01/24-12/31/24	96 GAL COMMINGLED REC N/C-WEEKLY	X.XX	X.XX	X.XX
10/01/24-12/31/24	32 GAL COMMERCIAL ORG N/C-WEEKLY	X.XX	X.XX	X.XX
10/01/24-12/31/24	1 YD GARBAGE-WEEKLY	X.XX	X.XX	X.XX
	Subtotal:			X.XX

Total New Charges: X.XX

BALANCE FWD	PAYMENTS	ADJUSTMENTS	NEW CHARGES	ACCOUNT BALANCE
\$X.XX	\$X.XX	\$X.XX	\$X.XX	\$X.XX

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ACCT. #	XXXXXX
INVOICE #:	XXXXXXXXXX
AMT. DUE:	\$X.XX
AMT. PAID:	

Invoice Is Due: XX/XXXX

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1234 FAKE ST
ALAMEDA CA 94502

ACI - ALAMEDA
PO BOX 1629
SAN LEANDRO CA 94577-0389

PRINTED ON RECYCLED PAPER. PLEASE RECYCLE AGAIN!

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