



INVOICE

Customer ID:**2-80455-83001**

Customer Name:

CONFI INSURANCE GROUP

Service Period:

07/01/22-07/31/22

Invoice Date:

06/30/2022

Invoice Number:

1743948-4936-1

How To Contact UsVisit **wm.com**

To setup your online profile, sign up for paperless statements, manage your account, view holiday schedules, pay your invoice or schedule a pickup



Customer Service:
(866) 570-4702

Your Payment is Due**Jul 30, 2022**

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of \$5, or such late charge allowed under applicable law, regulation or contract.

Your Total Due**\$440.66**

If payment is received after
07/30/2022: **\$ 451.68**

Previous Balance

299.09

+

Payments

(299.09)

+

Adjustments

0.00

+

**Current Invoice
Charges**

440.66

=

**Total Account
Balance Due****440.66****DETAILS OF SERVICE****Details for Service Location:****LND Insure One, 16837 Torrence Ave, Lansing IL 60438-6019****Customer ID: 2-80455-83001**

Description	Date	Ticket	Quantity	Amount
2 YD FEL	07/01/22		1.00	266.69
FUEL/ENVIRONMENTAL CHARGE				158.66
REGULATORY COST RECOVERY CHRG				15.31
Total Current Charges				440.66



----- Please detach and send the lower portion with payment ----- (no cash or staples) -----



WASTE MANAGEMENT OF ILLINOIS, INC.
IL SOUTH
PO BOX 42390
PHOENIX, AZ 85080
(866) 570-4702

Invoice Date	Invoice Number	Customer ID (Include with your payment)
06/30/2022	1743948-4936-1	2-80455-83001
Payment Terms	Total Due	Amount
Total Due by 07/30/2022	\$440.66	
If Received after 07/30/2022	\$451.68	

*** DO NOT PAY-AUTOMATIC PAYMENT WILL BE PROCESSED ***

Your bank account will be drafted \$440.66.

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CONFI INSURANCE GROUP
7711 CENTER AVE STE 200
7711 CENTER AVE STE 200
HUNTINGTON BEACH CA 92647

Remit To: **WM CORPORATE SERVICES, INC.**
AS PAYMENT AGENT
PO BOX 4648
CAROL STREAM, IL 60197-4648

THINK GREEN.®

