

INVOICE

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ACCOUNTSPAYABLE@MAVERICK MAVERICK ENTERPRISES,INC. 751 EAST GOBBI STREET ATTN ACCTS PAYABLE UKIAH CA 95482

BILLING INQUIRIES	(866) 837-8471				
CUSTOMER SERVICE	(866) 837-8471				
ACCOUNT NUMBER	940184000				
CUSTOMER NUMBER	792543652				
INVOICE NUMBER	5080581973				
INVOICE DATE	02/24/2025				
TERMS	NET 10 EOM				
PO #					
NAID					
MARKET CENTER	508				
ROUTE NUMBER	4				
Page 1 of 2					

Ship

To: MAVERICK'S ENTERPRISES 650 FORD RD UKIAH CA 95482

A/R BALANCES AS OF 02/24/2025							
TOTAL DUE	CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	
10061.90	9637.66	424.24	0.00	0.00	0.00	0.00	

WEARER#	WEARER NAME	ITEM	ITEM DESCRIPTION	SIZE	TYPE	BILL QTY	RATE	TOTAL
		DM0001MDGY	MAT NYLON/RUBBER	4X6	Rent	1	5.400	5.40
		DM0002MISC	MAT SAFETY SLOGAN	3X4	Rent	6	2.700	16.20
		TS0002FWWT	SHOP TOWEL PLAIN	18X18	Rent	10000	0.076	760.00
		TS0002FWWT	SHOP TOWEL PLAIN	18X18	Inventory Maint	600	1.080	648.00
		TS0002REDD	SHOP TOWEL PLAIN	18X18	Rent	500	0.065	32.50
		TS0002REDD	SHOP TOWEL PLAIN	18X18	Inventory Maint	10	0.810	8.10
		XX0297GREY	LAUNDRY BAG ERGO CLIPS	X	Rent	0	0.000	0.00
			AIR SERVICE					3.40
			BOWL CLIP SERVICE					1.70
			PAPER TISSUE SERVICE					20.52
			PAPER TOWEL SERVICE					14.64
			RESTROOM MAT					1.57
			SERVICE CHARGE					4.32
			SEAT COVER SERVICE					2.66
'	see remaining pages of this invoice for a list of all included charges							

SUBTOTAL (ALL PAGES) FREIGHT

TAX 4.00 TOTAL \$1,545.26

1,541.26

THANK YOU FOR YOUR BUSINESS

Delivery received by: SIGNATURE ON FILE

To ensure proper payment application, please write your invoice number on your check, and include the attached coupon with your payment



PAYMENT DUE March 10, 2025

TOTAL DUE \$1,545.26

INVOICE NUMBER **5080581973**

Bill To:

ACCOUNT NUMBER

INVOICE DATE

MAVERICK ENTERPRISES,INC. 751 EAST GOBBI STREET UKIAH CA 95482

02/24/2025

940184000

Payable

To: VESTIS

PO BOX 101179

PASADENA CA 91189-1179



INVOICE

ACCOUNTSPAYABLE@MAVERICK MAVERICK ENTERPRISES,INC. 751 EAST GOBBI STREET UKIAH CA 95482

WEARER #	WEARER NAME	ITEM	ITEM DESCRIPTION	SIZE	TYPE	BILL QTY	RATE	TOTAL
			SOAP SERVICE					16.38
			SANITIZER SERVICE					4.25
			URINAL SCREEN SERVICE					1.62
		l			<u> </u>	<u> </u>		