Collector Compensation Agreement

REFER TO THE COLLECTORS MANUAL FOR OPERATIONAL DETAILS

Please complete this form: Sign, and **fax or e-mail** to WMMFA at   **509-674-5350**

jfriedrick@wmmfa.net

Agreed upon rate for all CEP's (computers, monitors, TV's) ==dropped by covered entities (households, school districts, charities, special districts, and counties with less than 125,000 and cities with less than 50,000 residents, at the stores listed.== The agreement covers items dropped at the location(s) listed and does not include materials picked up by from covered entities or others by you.

> $ _____ per pound palletized and shrunk wrapped
> picked up at location(s):

Optional: WMMFA **Collectors** providing **Transportation** to the **Processor:** (must also register as a transporter with Ecology)

> $ _____ per pound palletized and shrunk wrapped delivered
> to processor(s) located at:

I agree to the operating standards as outlined in the Collectors Manual for all covered electronics products that I accept and submit to the WMMFA. I understand my participation is voluntary and this agreement outlines service standards and compensation during my participation. **Proposed rate changes by the Authority or the collector** *require a 90 day written notice.*

I agree to call WMMFA before shipping or transporting products to the processor so that the Authority can record the shipment and process payments to me as the collector. In order to participate and receive payment as a collector I ==understand we must be registered with the Washington State Department of Ecology as a collector before any collecting begins.==

WMMFA:
Washington Materials Management & Financing Authority
116 N. Oakes Ave. Suite B
Cle Elum, WA 98922
Phone: 509-674-5871
FAX: 509-674-5350
E-mail: info@wmmfa.net
www.wmmfa.net

Business Name:
Billing Address:
Physical Collection Site Address:
Authorized Signature: _____Date:_____
Printed Name: Claudia Alvarez   Phone Number:
E-mail and phone # for sending bills of lading to (local):_____
WMMFA will confirm agreement at the rate provided in writing upon receipt of this document from the collector.

ACCEPTED BY: _____WMMFA   DATE:_____