



T-MOBILE DEALER PAYMENT AUTHORIZATION FORM

T-MOBILE DEALER BILLING INFORMATION					
CONTACT NAME:					
CONTACT EMAIL:					
CONTACT PHONE:					
DEALER COMPANY NAME:					
DEALER BILLING ADDRESS:					
DEALER BILLING CITY:		STATE:		ZIP:	

T-MOBILE PAYMENT AUTHORIZATION (Check the item below that applies)
<input type="checkbox"/> YES I WANT TO BE SETUP TO PAY WITH A PURCHASE ORDER AND ACH.
<input type="checkbox"/> I AUTHORIZE ALL LOCATIONS THAT I OWN OR OPERATE TO PURCHASE CONTAINERS UNDER MY BILLING ACCOUNT THROUGH THE USE OF A PURCHASE ORDER AND ACH.

ENVIRONMENTAL SERVICES AGREEMENT

(REV 021016)

This Services Agreement ("Agreement"), which includes any exhibits attached to it, is made as of the date shown below between **THE COMPANY NAME ABOVE**, with offices at **NAMED ABOVE**, ("you", "your") and Veolia ES Technical Solutions, L.L.C., with offices at 700 E. Butterfield Rd., Suite 201, Lombard, Il. 60148, ("we", "us", "our").

1. SERVICES PROVIDED

We will provide you with analytical, collection, management, transportation, disposal and/or recycling services for your waste materials ("Waste Material(s)") described in Waste Profile Sheets ("Profile Sheet(s)"). In addition, we agree that, when you seek the services of a company affiliated with us, we will arrange for that affiliated company to provide those services under the terms and conditions of this Agreement, so long as the affiliated company agrees to be bound by those same terms and conditions. You warrant that the Profile Sheet will contain a true and correct description of your Waste Material and that such Waste Material will conform to this description. In the case of Universal Wastes (as defined by 40 CFR 273.9), you must provide us with an accurate piece count for each of the items being shipped to us (lamps, bulbs, monitors, etc.). In the absence of the piece count on the shipping documents, the piece count made by us at the receiving facility shall be conclusive and final.

In the case of shipments of Universal Waste, we are authorized and hold the requisite permits to receive such Universal Waste at the facilities that will receive Universal Waste from you, all in conformance with 40 CFR 273.18(d), 40 CFR 273.38(d), and 40 CFR 264.12(b).

If your Waste Material does not conform to the descriptions in the Profile Sheet ("Non-conforming Waste"), we can, at our option, return it to you or require you to remove and dispose of the Non-conforming Waste at your expense, and reimburse us for any expenses we have incurred. In the event we perform services on your premises, you will provide us with a safe workplace, and if we request that work areas be secured, you will be solely responsible for securing such work areas and for preventing anyone other than our personnel from entering the designated work areas.

If you package waste for shipment to us, you shall package such waste in accordance with U.S. Department of Transportation and all other applicable federal, state and local statutes, ordinances, laws, orders, rules and regulations.

RETURN COMPLETED AND SIGNED ENTIRE FORM BY EMAIL TO: pak.ts@veolia.com

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2. INDEMNIFICATION

We agree to indemnify, defend and save you harmless from and against any and all losses and liabilities which you incur or may be responsible for or pay out as a result of bodily injuries (including death), property damage, or any violation or alleged violation of law, (1) to the extent caused by our breach of this Agreement or any negligent act, negligent omission or willful misconduct of us, our employees, agents, contractors or anyone acting on our behalf, which occurs during the management, collection or transportation of your Waste Materials, or (2) as a result of the disposal of your Waste Materials in a facility owned by us or our affiliated companies, provided that, with regard to both (1) and (2) above, our indemnification obligations will not apply to occurrences involving Non-conforming Waste. You agree to indemnify, defend and save us harmless from and against any and all losses and liabilities which we may incur or be responsible for or pay out as a result of bodily injuries (including death), property damage, or any violation or alleged violation of law to the extent caused by your breach of this Agreement or by any negligent act, negligent omission or willful misconduct of you, your employees, agents, contractors or anyone acting on your behalf in the performance of this Agreement.

3. FEES

You agree to pay us the fees set forth on the T-Mobile portal located at <https://t-mobile.veoliaes.com> or in any pricing document either signed by or otherwise consented to by the parties relating to the work performed by us under this Agreement within 30 days from the date of our invoice. This pricing document may include a fuel surcharge based on a nationally-recognized fuel pricing index. You agree to pay interest on any past due amounts at 1-1/2% per month or the maximum rate allowed by law, whichever is less. We may increase our fees from time to time to reflect changes in regulations, taxes, the CPI, disposal fees and fuel prices, plus a reasonable margin. Subject to your approval, the fees may be adjusted for other reasons. We will notify you in writing of fee increases before they go into effect. You can accept fee increases verbally, in writing or by your actions, such as your request for services under this Agreement after being notified of a fee increase. You and we agree that changes to the initial scope of services are best made in writing. However, the parties acknowledge that there may be circumstances when a written change order may not be sensible or possible. If you or your representative (whom we believe in good faith is authorized by you) verbally requests us to perform services which are not part of the initial scope of Services and we agree verbally to perform those additional services, you agree that the request and our acceptance will constitute a change order and the fees shall be adjusted accordingly. You and we agree that, as soon as convenient thereafter, the parties will put the verbal change order in writing, to be signed by the parties.

4. TERM

The term of this Agreement will be for one year from the date below, and will be automatically renewed for successive one-year terms. Either of us may terminate the Agreement by giving the other 30 days' written notice of termination.

5. MISCELLANEOUS

This Agreement will be governed by the laws of the state in which services are performed, and is binding on the successors and assigns of both of us. The warranties and indemnification made by each of us will survive termination of this Agreement. Both parties expressly stipulate that, to the extent allowed by law, any documents contemplated pursuant to this Agreement may be executed and become effective by affixing an electronic signature in the appropriate location and transmitting such electronically signed document to the other party. Such electronic signature shall be deemed to be an original signature and any document bearing an electronic signature shall be deemed to be a valid document bearing a signature affixed by hand.

The prevailing party will be entitled to reasonable attorneys' fees and court costs in any legal action relating to this Agreement which may arise between the parties. This Agreement supersedes any prior Agreements between us for locations and services covered by this Agreement, except for prior indemnifications and warranties. In the event of a conflict between the terms and conditions appearing on your purchase orders or other form order documents, this Agreement shall govern.

During the term of this Agreement and for one year thereafter, you agree to refrain from actively recruiting our employees who are involved in the performance of Services hereunder. In addition, you acknowledge and understand that we have invested

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considerable time and financial resources in locating, training and maintaining the most professional staff available in the industry. You also acknowledge that actual money damages would be difficult to ascertain and that breach of this non-solicitation clause would cause us significant harm. You therefore agree that in the event of a breach of this clause, you will pay liquidated damages to us in an amount equal to one year's salary of the employee(s) who is/are hired by you in breach of this clause.

IN NO EVENT SHALL EITHER PARTY BE RESPONSIBLE TO THE OTHER FOR CONSEQUENTIAL, INCIDENTAL, INDIRECT, SPECIAL OR PUNITIVE DAMAGES IN CONNECTION WITH THIS AGREEMENT, WHETHER BASED IN CONTRACT, TORT, STRICT LIABILITY, STATUTE OR OTHERWISE.

Notwithstanding anything to the contrary in this Agreement, our aggregate liability arising out of services provided hereunder, other than for transportation Services provided by us or for storage, treatment and/or disposal Services provided by us at our locations, shall not exceed the greater of the aggregate fees paid in any calendar year hereunder or one million dollars (\$ 1,000,000).

IN WITNESS WHEREOF, this Agreement has been signed by the authorized representatives of the parties.

CUSTOMER AUTHORIZATION	
SIGNATURE:	_____
PRINTED NAME:	_____
TITLE:	_____
DATE:	_____

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CREDIT APPLICATION

BUSINESS INFORMATION	
Applicants Name: _____	Account Manager: _____
Address: _____	
Telephone Number: _____	Customer #: _____
Email Address: _____	Sales Tax Exempt No: _____
(Please Enclose A Copy)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Owner (If Partner or Owner, please fill in Social Security number below)	
OFFICERS, PARTNERS OR OWNERS	
Name: _____	Title: _____
Name: _____	Title: _____
BANK REFERENCES	
Name: _____	Account Rep: _____
Address: _____	
City: _____	State: _____
Zip: _____	Telephone Number: _____
Account Number: _____	
BUSINESS REFERENCES	
Name: _____	Account Rep: _____
Address: _____	
City: _____	State: _____
Zip: _____	Telephone Number: _____
Account Number: _____	

Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following:

1. Terms are that which are stated on the invoice. All amounts are due in accordance with stated items.
2. Past due balances are subject to a service charge of 1 1/2% per month on the unpaid balance.
3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all the subsequent collection charges and legal fees shall be paid by the applicant.
4. The undersigned agrees to the terms and conditions stated herein
5. THE UNDERSIGNED HEREBY AUTHORIZES AND INSTRUCTS THE ABOVE MENTIONED BANKS AND COMPANIES TO RELEASE THE INFORMATION REQUESTED BY VEOLIA ES TECHNICAL SOLUTIONS, L.L.C., ITS DIVISIONS AND OR SUBSIDIARIES.

The undersigned hereby consent(s) to VEOLIA ES TECHNICAL SOLUTIONS, L.L.C., its' divisions and or subsidiaries use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the principal(s), proprietor(s) and or guarantor(s) in connection with the extension of businesses contemplated by this credit application. The undersigned hereby authorize(s) to VEOLIA ES TECHNICAL SOLUTIONS, L.L.C., its' divisions and subsidiaries to utilize a consumer credit report on the undersigned from time to time in connection with the extension or communication of the business credit represented by this credit application. The undersigned as (an) individual (s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1618 et seq.

CUSTOMER Signature: _____ Printed Name: _____ Title: _____	Social Security or FEIN: _____ Date: _____
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ACH PAYMENT INFORMATION

Account/Beneficiary Name: Veolia ES Technical Solutions, LLC
Electronics Recycling Division

Account#: 684534423

ABA/Routing# for ACH: 071000013

Bank Name: JPMorgan Chase

Bank Address: Attn: Lockbox 28900
131 S. Dearborn – 6th Floor
Chicago, IL 60603

Bank Contact: Regina Polk
312-954-9384

Remittance Advice Email: us.vna.erdaccounting.mailbox@veolia.com

Physical Address: 1275 Mineral Springs Drive
Port Washington, WI 53074

Check Remittance Address: 28900 Network Place
Chicago, IL 60673-1289

Tax ID#: 13-4038062

*****REMITTANCE ADVICE MUST BE SENT VIA EMAIL*****

Remittance Advice Email: us.vna.erdaccounting.mailbox@veolia.com

Remittance address is our lockbox: Veolia ES Technical Solutions
Electronics Recycling Division
28900 Network Place
Chicago, IL 60673-1289

Physical / main address:
Veolia ES Technical Solutions
Electronics Recycling Division
1275 Mineral Springs Drive
Port Washington, WI 53074

Other Facility Addresses:
Veolia ES Technical Solutions
Electronics Recycling Division
342 Marpan Lane
Tallahassee, FL 32305

Veolia ES Technical Solutions
Electronics Recycling Division
90 Pleasant Street
West Bridgewater, MA 02379

Veolia ES Technical Solutions
Electronics Recycling Division
5736 West Jefferson
Phoenix, AZ 85043

Veolia ES Technical Solutions
Electronics Recycling Division
W6490B Specialty Drive
Greenville, WI 54942

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Form W-9 (Rev. December 2014) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.
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Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Veolia North America, Inc.		
	2 Business name/disregarded entity name, if different from above Veolia ES Technical Solutions, LLC (36-4287998)		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____		
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) <u>E</u> <small>(Applies to accounts maintained outside the U.S.)</small>		5 Address (number, street, and apt. or suite no.) 700 East Butterfield Road, Suite 201
	6 City, state, and ZIP code Lombard, IL 60148-5601		Requester's name and address (optional)
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. <small>Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.</small>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td></tr> </table> <p style="text-align: center;">or</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width:20px;">1</td><td style="width:20px;">3</td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;">4</td><td style="width:20px;">0</td><td style="width:20px;">3</td><td style="width:20px;">8</td><td style="width:20px;">0</td><td style="width:20px;">6</td><td style="width:20px;">2</td></tr> </table>	Social security number																		Employer identification number									1	3			4	0	3	8	0	6	2
Social security number																																								
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1	3			4	0	3	8	0	6	2																														

Part II Certification Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶ <i>Kelly Schrab</i>	Date ▶ <i>2/11/2015</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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