

## THERMOSTAT RETAILER PARTICIPATION FORM

Retailers are eligible to directly participate in Thermostat Recycling Corporation's (TRC) mercury thermostat collection program. Use this form to become a TRC collection point for waste mercury thermostats and to order recycling container(s). The container(s) are supplied with everything needed to store and ship waste mercury thermostats. Each container holds up to 100 thermostats. TRC assumes all recurring costs to ship and process waste mercury thermostats in accordance with state and federal regulations. Retailers must also complete the attached participation agreement.

**DO NOT INCLUDE ANY OTHER PRODUCT OR MERCURY SWITCHES REMOVED FROM THERMOSTATS IN THE CONTAINER(S). SHIPMENT OF ELEMENTAL MERCURY IS STRICTLY PROHIBITED. DOING SO MAY FORFEIT YOUR PARTICIPATION IN THIS PROGRAM.**

A one-time \$25.00 fee is required for each collection container ordered, **with the exception of New York and select California locations where no fee is required for initial bin** (such locations may disregard the requested billing information below). For all other locations, payments may be made by check, credit card, or an invoice may be requested. Checks are payable to Thermostat Recycling Corporation.

Fax orders with payment by credit card or requesting invoice to:  
**703-852-7202**

Mail participation forms with payment enclosed to:  
**Thermostat Recycling Corporation**  
PO Box 25586  
Alexandria, VA 22313

| Retailer Information/Contact Information for Order  |                |                |                                       |            |
|---|----------------|----------------|---------------------------------------|------------|
| Retailer Name and Website:  |                |                | How did you hear about TRC's program? |            |
| Address:  |                | City:          | State:                                | Zip:       |
| Contact Name:   | Contact Phone: | Contact Email: |                                       |            |
| Billing Information [ <input type="checkbox"/> check if same as above]                                  |                |                |                                       |            |
| Check Payment Method: <i>Check Enclosed</i> <i>Credit Card (Visa/MasterCard)</i> <i>Request Invoice</i> |                |                |                                       |            |
| Retailer Name:  |                |                |                                       |            |
| Address:  |                | City:          | State:                                | Zip:       |
| Card Holder Name:   |                | Credit Card #: |                                       | Exp. Date: |
| Card Holder Signature:  |                |                |                                       |            |
| See Next Page to Fill Out Collection Location Information to Receive Bins                               |                |                |                                       |            |

**Collection Location Information (One line per location)**

Attach page with additional locations  
 [TRC will publish this information on its website directory of collection locations]

**Total Number of Containers:** \_\_\_\_\_ **Total Amount \$** \_\_\_\_\_ **[# containers x \$25.00 US]**

| Count<br>Containers | Location Name<br>(& Store Number) | Collection Container Shipping<br>Address/City/State/Zip [No PO Box] | Store Manager | Main Store Phone # | Store Manager Email |
|---------------------|-----------------------------------|---|---------------|--------------------|---------------------|
|                     |                                   |   |               |                    |                     |
|                     |                                   |   |               |                    |                     |
|                     |                                   |   |               |                    |                     |
|                     |                                   |   |               |                    |                     |
|                     |                                   |   |               |                    |                     |

## RETAIL PARTICPATION AGREEMENT

- The Retailer agrees to keep the collection container in an area not accessible by the public in order to promote safe handling of all mercury-containing thermostats.
- The Retailer agrees to place only mercury-containing thermostats into the collection bin and to recycle the entire mercury-containing thermostat.
- The Retailer will not attempt to clip mercury ampoules (switches) from the thermostat and will not accept loose mercury ampoules from customers.
- The Retailer agrees not to store and/or ship any product in the container that is not a mercury thermostat.
- The Retailer agrees that collection bin will be readied for shipment and shipped back to the TRC per instructions provided with the collection bin.
- The Retailer agrees to comply with the requirements of the Universal Waste Rule.

**RETAILER AGREES TO INDEMNIFY AND HOLD HARMLESS THE THERMOSTAT RECYCLING CORPORATION (TRC), ITS DIRECTORS, OFFICERS, MEMBERS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS OF ANY AND ALL CAUSES OF ACTION, COSTS, CLAIMS, ORDERS, DEMANDS, JUDGMENTS AND LIABILITIES OF ANY KIND OR NATURE, ARISING OUT OF OR IN ANY WAY CONNECTED WITH 1) THE RETAILER 'S COLLECTION, HANDLING, STORAGE, MANAGEMENT, PACKAGING AND PRESENTATION FOR SHIPMENT OF MERCURY-CONTAINING THERMOSTATS.**

I have reviewed, understand, and will adhere to these policies and procedures.

|                         |                                   |             |  |
|-------------------------|-----------------------------------|-------------|--|
| <b>Retailer:</b>        | <b>Store Name: (if different)</b> |             |  |
| <b>Mailing Address:</b> |                                   |             |  |
| <b>City:</b>            | <b>State:</b>                     | <b>Zip:</b> |  |
| <b>Phone Number:</b>    | <b>Email Address:</b>             |             |  |
| <b>Signature:</b>       | <b>Name: (please print)</b>       |             |  |
| <b>Date:</b>            | <b>Title:</b>                     |             |  |

**PLEASE READ – COMPLETE – SIGN AND RETURN TO TRC WITH CONTAINER ORDER FORM**

**NOTE: This form must be completed and returned to TRC to participate in the program.**