



Sales _____ Mgr _____ Date _____

MEDICAL WASTE Service Agreement

On this _____ Day of _____, 20_____ MCF Systems Atlanta, Inc. (MCF) and _____

(Customer), agree to the following conditions:

MCF will provide the following services for proper transportation and disposal of Regulated Medical Waste UN3291 ("Regulated Medical Waste"). A) Arrange for the loading of the Regulated Medical Waste generated by Customer onto transportation vehicles. B) Transport the Regulated Medical Waste to an appropriate disposal facility. C) Supply appropriate containers, manifests and labels to transport Biomedical Waste.

Customer will place only Regulated Medical Waste in proper containers and shall not place any other materials in those containers. Specifically excluded from term Regulated Medical Waste are: radioisotopes, nuclear medical fluids, research or productive nycotoxins, free liquids, heavy metals, bulk chemicals or reagents, volatiles, explosives, pressurized containers regardless of content, or propellant whether full or empty. Sharps must first be packaged in a puncture-resistant inner packaging with the lid securely close so that it will not open under normal conditions, prior to placement in the container.

Customer will: a) Containerize and seal Regulated Medical Waste in containers provided by, or containers meeting MCF's specifications. b) Provide MCF personnel access to storage area for pick-up of the waste containers. c) Make certain only Regulated Medical Waste is placed in the containers. Customer will notify MCF in advance of non-conforming waste which must be placed in appropriate containers, shall be subject to additional charges or costs for packaging, transportation and disposal. Customer shall be responsible for any damage to equipment and retain title to any non-conforming waste at all times.

Customer warrants that the Regulated Medical Waste presented to MCF for disposal will not contain any hazardous, toxic, or radioactive wastes as defined by any applicable law or regulations. Customer agrees to indemnify, defend and hold harmless MCF Systems and its agents against all claims, damages, suits, penalties, fines and liabilities for injury, death, loss or damage to persons, property or environment arising from the breach of this warranty.

Term: - The term of this Agreement will be for three (3) years from above date and will automatically renew at each anniversary for an additional term of three years (3) unless terminated by either party no later than 60 days prior to the end of the initial term or any renewal terms. In the event MCF does not provide services as stated herein, customer may after providing written notice to MCF and MCF has not corrected the service problem within 30 days of notice, terminate this agreement. In the event the customer shall be in default under the terms of this agreement, MCF may terminate the agreement and customer shall pay all outstanding amounts due including any other costs or damages incurred by MCF. Customer agrees to use no other Regulated Medical Waste Transportation or Disposal service or method during the Term of this Agreement and any renewal terms. These terms and conditions will apply to each additional location.

Pricing: Customer shall pay for all services provided by MCF in accordance with the price and terms contained herein. MCF reserves the right to increase prices specified herein, including the imposition of Fuel Surcharges, to offset any increase in operating costs. MCF shall have the right to assign this agreement and its obligations to another party provided the assignee shall have the same qualifications to furnish the services described herein.

CUSTOMER INFORMATION

Account Name _____

Street Address _____

City _____ ST _____ ZIP _____

County _____

Principal Owner/Officer _____

Location Contact _____

Business Phone _____ Fax Number _____

EMAIL ADDRESS _____

BILLING INFORMATION

PAYMENT TERMS - Prices for services are in accordance with the current price schedule as of the date of this service agreement and are subject to change with a thirty day notice. A service charge of 1.5% per month will be added to any account past due. Payment by credit card may be arranged with MCF's accounts receivable department. Customer agrees to pay a fee of \$35.00 for returned check and all fees and cost incurred for collection of past due accounts.

Same as above

Account Name _____

Street Address _____

City _____ ST _____ ZIP _____

Primary Billing Contact _____

Billing Phone _____

CREDIT INFORMATION

CREDIT CARD ON FILE _____ MC/VISA/DISCOVER/AMEX
 CREDIT TERMS ARE NET 30 DAYS.

INTERNAL USE ONLY

Customer Number - _____

PRICING

Waste Type	Price *	Container
Regulated Medical Waste	<input checked="" type="checkbox"/> \$ -	30 gallon Box <input checked="" type="checkbox"/>
Fuel Stop Charge:	\$ 10.00	* Price is per container (max.50lbs)

Comments: _____

Generator agrees to pay a **\$ 35.00** Medical Services Set-up Charge

Volume: Number of Containers: _____ per

Service Frequency

1 week	<input type="checkbox"/>	2 week	<input type="checkbox"/>	4 week	<input type="checkbox"/>
8 week	<input type="checkbox"/>	Will Call	<input type="checkbox"/>	Territory	_____

Sales Rep Kevin Hightower Marketing Rep _____

GENERAL INFORMATION

New Owner? Account Number _____
 Resigned? Account Number _____
 Additional Stores? Account Number _____
 Hours of Operation _____ to _____ Advertisement - Mail out
 Lunch Hours _____ to _____ Advertisement - Internet
 Days of Operation _____ to _____ Advertisement - Trade Mag
 Advertisement - Salesman

AUTHORIZATION

The undersigned, individually and as an officer of the customer, jointly and severally agrees to pay for all goods and services supplied to customer within the terms specified herein, and in the event it should become necessary to place the account with an attorney or collection agency, the undersigned further agrees to pay all costs of collection including attorney's and agency fees.

Customer Authorized Signature

By: _____

Name(print) _____

Title: _____

MCF Systems Atlanta, Inc.

By: _____

Name(print) _____

5535 Snapfinger Woods Dr. * Decatur, Georgia 30035 * Tel: 770-593-9434 / 800-828-3240 * Fax: 770-593-9919