



COLLECTION FACILITY REGISTRATION FORM

CONTACT INFORMATION:

Authorized representative: _____

Fax: _____ E-mail: _____

INFORMATION THAT WILL APPEAR ON THE WEBSITE:

Company name: _____

Complete address: _____

Collector's name: _____

Postal Code (must specify) _____ ***Tel: _____

HOURS OF OPERATION

***Note: space is limited for hours on the website. If the details exceed the allotted space, we will write "Call XXX-XXX-XXXX" with the telephone number provided above.

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

This agreement authorizes SOGHU to register your company with SOGHU as a Collection Facility for used oil, used oil filters and used oil containers (including lubricant aerosol containers) for the general public. Your information will be posted on our website at www.soghu.com or given verbally to those who call in. You agree to function as a Collection Facility for a minimum of 1 year and offer the drop-off service free of charge to the public. You are responsible for contacting SOGHU to report any changes that occur to the information posted on the website. SOGHU will forward you a one-time bonus of \$100.00 after 3 months of operation as a thank-you for assisting the SOGHU program. Your company will continue to be displayed on our website as an active Collection Facility until such time as you request to be removed.

AGREEMENT ENTERED INTO ON _____, _____
(date) (year)

Signature : Authorized representative

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