



SILVER RECOVERY SERVICE INC.

Silver Flake • Metallic Replacement Cells • Film Recycling

Proposal Date: _____
Effective Date: _____
Expiration Date: _____

SILVER RECLAMATION SERVICE AGREEMENT

DOCUMENTATION:

Complete and accurate listing of all transactions will be issued as follows.

1. Date of purchase or service
2. Type of service provided or material purchased.
3. Signature of NTH Silver Recovery Service, Inc. Representative acknowledging receipt of items purchased or delivered.
4. Signature of Facility Representative acknowledging release of items to NTH Silver Recovery Service, Inc. or receipt of items delivered.
5. Total weights, price per pound, total paid for each item, terms of payment, and check number will be listed on each invoice.
6. If cartridge service is involved, properly completed cartridge agreement forms will be issued.
7. All film and flake is to be sold to NTH Silver Recovery Service, Inc.
8. NTH Silver Recovery Service, Inc. is fully compliant with all H.I.P.A requirements. A certificate of destruction can be issued upon request for materials picked up for recycling. All confidential patient materials are destroyed pursuant to all Federal, State, and Local regulations.

PAYMENT:

1. Payment is made in full by check at time of pickup for film and flake.
2. Arrangements can be made to exchange silver bullion for flake and film at time of pickup.
3. All silver bullion issued will be .999+fine silver. A \$1.50 per troy ounce fabrication fee will be assessed for this service.

SERVICE:

1. Sales and installation of electrolytic and metallic exchange silver recovery units.
2. Purchase of unrefined silver flake and silver based film.
3. Processing of cartridges on a percentage basis, payment upon receipt of assay.
4. Regularly scheduled de-silvering of cathodes and cleaning of silver recovery units based on volume requirements.
5. Service will be performed during normal working hours with an Authorized Facility Representative present in the area to witness service performed and to certify weights and sign a release for the items to be removed from the Facility premises.
6. Loaner units provided free of charge during repairs if the unit to be repaired required removal from the facility.
7. If necessary to remove a cathode from the facility, it will first be de-silvered and the flake purchased per the agreed upon price.

SERVICE CHARGES:

1. Repairs to Recovery Units are provided at no charge for labor with all film and flake being sold to NTH Silver Recovery Service, Inc.
2. Repair parts are provided at list price.
3. Non-Contracted repairs are provided at a charge of \$60.00 per hour for transportation and labor.

SERVICE RESPONSE:

1. The vendor provides Twenty-Four hour contact at 800-787-2088. If we are unavailable for contact, please leave a message.
2. An initial contact will be made by phone to determine the type of service required.
3. After determining what service is required, an appointment will be made to make necessary service or repair calls.

SECURITY:

Until Notice is received in writing, only persons with proper identification authorized by Kevin or Diane Henderson are to make service calls for NTH Silver Recovery Service, Inc.

DISCLAIMER:

1. Vendor will not be responsible for any silver loss due to down time of the recovery unit(s).
2. Vendor will not be responsible for any down time or repairs to any processor(s), or damages from sewer line stoppages.
3. NTH Silver Recovery Service, Inc., does not accept any responsibility for Facility EPA Compliance.

FACILITY RESPONSIBILITY:

1. To promptly notify NTH Silver Recovery Service, Inc. when:
 - A. New processing locations are established requiring additional recovery equipment.
 - B. Existing processors are moved to a new location requiring moving of the recovery units.
 - C. Provide a complete listing by type and location of all film processing equipment.
 - D. If there is a significant change in film or chemical usage.
2. To daily check that recovery equipment is properly connected and operating.

Signed: _____
NTH Silver Recovery Service, Inc. Representative
Date Signed: _____

Signed: _____
Facility Representative
Date Signed: _____

