

**Resource Recovery Program**

PO Box 24055, MS 702
Oakland, CA 94623-1055
(510) 287-1632

RRWaste@EBMUD.com

www.ebmud.com/wastewater/commercial-waste/trucked-waste

MATERIAL ACCEPTANCE PERMIT THIRD-PARTY BILLING AGREEMENT

MAP No: _____

THIRD-PARTY BILLING CONTACT INFORMATION

THIRD-PARTY COMPANY NAME		PRIMARY CONTACT NAME, TITLE	
MAILING ADDRESS		STREET ADDRESS	
CITY	ZIP	PHONE NUMBER	EMAIL

TERMS AND CONDITIONS

- EBMUD has issued the Material Acceptance Permit (MAP) identified above to the Permit Holder identified in the designated space below. Permit Holder hereby requests that EBMUD first invoice the Third-Party identified above for deliveries accepted under the MAP identified above and all applicable related annual fees. Permit Holder acknowledges that neither this request nor its implementation by EBMUD excuses Permit Holder's obligation to pay each invoice in full as it becomes due, or any applicable annual fees, except to the extent an invoice or assessed annual fee is timely paid by the Third-Party identified above.
- The Third-Party will be billed for all disposal-related charges based on the material type indicated on the Material Acceptance Permit and according to the current EBMUD Schedule of Rates and Charges as may be amended from time to time.
- Disposal fees are based on the vessel's (e.g. liquid tanker, end-dump truck etc.) maximum capacity for each delivery.
- The Third-Party will be billed the annual account fee.
- Payment of the fees and charges are due when billed by EBMUD and are past due if payment is not received within 30 days of invoice issuance.
- The Permit Holder is ultimately responsible to pay all fees and charges related to its Resource Recovery Agreement and Material Acceptance Permit. Permits may be revoked due to late payment or non-payment. Overdue accounts may be referred to an outside agency for collection.
- Permit Holder acknowledges EBMUD may adjust its fees and charges during the life of the Permit.

PERMIT HOLDER PRINTED NAME & TITLE	E-MAIL ADDRESS
PERMIT HOLDER – SIGNATURE (E.G. CORPORATE OFFICER OR DULY AUTHORIZED REPRESENTATIVE. SEE INSTRUCTIONS.)	
DATE	

I certify I am an authorized representative of the **Third-Party** identified above, and I am aware of the Permit Holder's request that invoices and assessed annual fees under the MAP identified above be sent to the Third-Party for payments. I acknowledge that payments not made within 30 days of invoice issuance are late and may be subject to interest, penalties and the cancellation of Permit Holder's right to deliver waste, and that overdue accounts may be referred to an outside agency for collection.

THIRD-PARTY PRINTED NAME & TITLE	E-MAIL ADDRESS
THIRD-PARTY SIGNATURE	
DATE	