

BUSINESS NAME _____

RETAILER # _____

OPTION CHANGE FORM

IF YOU ARE NOT CHANGING OPTIONS, YOU DO NOT NEED TO COMPLETE THIS FORM

Please indicate which option you would like to change to by completing either Option A or Option B below.

OPTION A

On behalf of Retailer, for the Business Year beginning 7/1/12, I, the undersigned owner, partner, officer or authorized representative, hereby indicate that Retailer shall be compensated under this Option A:

<u>Net Receipts per Year</u>	<u>Compensation – Percent of Net Receipts</u>
Up to \$175,000	27.5%
\$175,000 to \$475,000	23%
\$475,000 to \$800,000	14%
\$800,000 and up	11%

Name: _____

Signature: _____

Title: _____ Date: _____

OPTION B

On behalf of Retailer, for the Business Year beginning in 7/1/12, I, the undersigned owner, partner, officer or authorized representative, hereby indicate that Retailer shall be compensated as set forth in this Option B.

<u>Net Receipts per Year</u>	<u>Compensation – Percent of Net Receipts</u>
Up to \$600,000	22%
\$600,000 to \$1,800,000	17.5%
\$1,800,000 and up	11%

Name: _____

Signature: _____

Title: _____ Date: _____

*Please refer to Oregon Administrative Rule 177-040-0026 for potential commission changes.