Instructions For WA-460-1

ADDENDUM TO THE PROVIDER AGREEMENT TO ELECTRONICALLY FILE AND MAINTAIN COTTON WAREHOUSE RECEIPTS

Used by authorized providers to contract with FSA to provide services to users of the provider's electronic storage and transfer system.

Submit the original of the completed form in hard copy or facsimile to the Kansas City Commodity Office (KCCO), Warehouse License and Examination Division, STOP 9148, P.O. Box 419205, Kansas City, MO 64141-6205; or FAX 816-926-1548. Customers who have established electronic access credentials with KCCO may electronically transmit this form to KCCO. Features for transmitting the form electronically are available to those customers who would like to establish online access credentials with KCCO, follow the instructions provided at the USDA eforms web site.

Fld Name / Item No.	Instruction
A Name of Provider	Enter complete name of Provider, on page 1.
(a) Name of Provider	Enter complete name of Provider, on page 4.
(b) Signature	Enter signature of Provider's authorized person, on page 4.
(c) Title	Enter title of Provider's authorized person, on page 4.
(d) Date	Enter date of signature of Provider's authorized person, on page 4.

Providers complete page 1 and page 4.

Page 4 items (e) and (f) are for FSA use only.