

1. INSTRUCTIONS

1. This form should be filled out and signed by an authorized representative of the organization.
2. Email the duly completed and signed form to sales@notarius.com.
3. For any questions pertaining to this form, please contact Notarius Customer Service (see contact information at the bottom of this page).

2. SERVICES PROVIDED BY NOTARIUS

Subscription:

When an employee authorized by the organization subscribes online at notarius.com using his organization's email address, the sign-up and subscription fees can be charged to the billing account.

Limitation of liability:

Notarius is not responsible for the damages caused by the unavailability of one or more of its services nor for any difficulty caused by applications, software, or the user's computer configuration that could interfere with the installation or use of its services.

3. GENERAL ORGANIZATION INFORMATION

Organization's Legal Name:

*Write in **full the legal name** of your organization as registered with the appropriate authorities (e.g. Canadian Business Directories). Status must be **active**. If your organization is registered in a particular Province where there is a fee for access to the Registry or outside Canada, please attach a recent copy of the Registry to your application that will prove this legal existence.*

Billing Address:

Street Number	Street	City	Province	Country	Postal Code
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Organization Account Name (if different from the organization's legal name) **maximum 50 characters**

Choose a name that employees will easily recognize to ensure the selection of the proper business unit to invoice.

Recognized Email Domain(s): (i.e. @domain.com)

4. KEY CONTACTS

A. Technical Contact

Ms.

Mr.

First Name

Last Name

Email

Phone

B. Billing Contact

Ms.

Mr.

First Name

Last Name

Email

Phone

c. Affiliation Verification Agent (AVA-CORPO) – Specify a minimum of two (2) individuals

*Generic email address (administration@yourorganization.com) **are not** accepted for individuals that will act as AVAs.*

A nominative email or an alias such as surname.name@yourorganization.com is required.

Ms.

Mr.

First Name

Last Name

Email

Phone

Ms.

Mr.

First Name

Last Name

Email

Phone

5. GOVERNMENTAL INFORMATION

Indicate your organization's number(s) with applicable public records to enable us to verify its existence.

#GST/QST:

#Provincial Tax:

#IRS (US):

Other Public Registry:
(e.g. BC Registry Services)

Notarius reserves the right to request any additional documentation to confirm the existence of the organization.

6. COMMITMENTS AND OBLIGATIONS

- a. The organization must pay the monthly invoice submitted by Notarius that includes fees for active subscriptions at the billing date and sign-up fees for new subscriptions from the previous month, all of which are subject to the pricing in effect. A list of all subscriptions is attached to the bill.
- b. The organization must notify Notarius as soon as possible about any changes related to the account's information, especially regarding the billing contact person and/or the AVA-Corpo.
- c. The organization recognizes that the designated billing contact person is authorized to approve bills and to make payments. The billing contact person can also remove subscriptions from the account via the Management Portal available on Notarius' website.
- d. The organization, though its AVA-Corpo, commits to approve or reject applications for CertifiO for Employees, for Departments and for Organizations. The acceptance also confirms the employment status of the applicant. The organization and its AVA-Corpo must also revoke the subscriptions when the applicant is no longer employed by the company.
- e. The organization is responsible for providing a suitable computing environment and complying with the technical specifications to access digital signature applications.
- f. This agreement is governed by, and interpreted, in accordance with applicable Quebec and Canadian laws.
- g. Notarius can terminate this agreement if the conditions are not respected. However, in such a case, the organization remains liable to pay the sums due until the agreement's expiry date.

7. SIGNATURE

I _____, _____,
First Name, Last Name *Title or Role*

the organization's authorized representative, have read the commitments and obligations stipulated herein, and consent that my organization adheres to them.

I agree to inform all relevant employees of the commitments and obligations stemming from this agreement and that will affect them.

Signature : _____ **Date (yyyy/mm/dd) :** _____

E-mail : _____ **Phone :** _____

FOR INTERNAL USE ONLY

Account Manager :

Comments:

- Short Name:
- Long Name:
- AATL
- Department