

Application for VeroPass Account

Date: _____

PTB Design Corp. (VeroPass)
Attn: New Accounts
5-9069 Shaughnessy St.
Vancouver, BC, V6P 6R9
Canada
Fax Number: (604) 325-1878

Dear veroPass:

I, the undersigned, state **UNDER PENALTY OF PERJURY** that

- I am the owner, or an agent authorized to act on behalf of the owner, of certain intellectual property rights ("IP Owner"); and
- The information in this notice is accurate.

I May Be Contacted At (*required)

Name and Title:* _____
Company (will be displayed to customers):* _____
Address:* _____
City, State, and Zip:* _____
Country:* _____
Username:* _____
Email address (for correspondence with veroPass):* _____
Email address (to be given to customers reporting counterfeits):* _____
Product website (to be display to customers):* _____
Telephone:* _____
Fax: _____

In addition to the undersigned, the following persons have the proper authority to deal with the IP Owners VeroPass account on behalf of the IP Owner:

Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____

Truthfully,

Signature