

SUPPLIER AGREEMENT

Name _____

Address _____

State _____ Zip Code _____

Phone # _____ Email. _____

Date - Month _____ Day _____ Year _____

I acknowledge that I have read, understood and accept the requirements stated on the docugence.com website for evidence suppliers.

I acknowledge that only original , unedited evidence is being submitted.

I hereby give total indemnification to the Docugence Company for any evidence I have submitted to be brokered and take full legal responsibility for the validity of the submitted evidence.

I agree to give the Docugence Company exclusive rights to broker the submitted evidence for the period of 1 year from date of receipt.

Notary Information Below.

Signature _____