



## Agent Application and Agreement

### Authorization and Terms of Agreement

I, \_\_\_\_\_, \_\_\_\_\_, on behalf of

*your name* *your title*

\_\_\_\_\_, authorize

*your company name*

Verto Solutions LLC Facility Registration to register the facility or facilities located at:

1. \_\_\_\_\_

*1<sup>st</sup> facility address*

2. \_\_\_\_\_

*2<sup>nd</sup> facility address (if applicable)*

3. \_\_\_\_\_

*3<sup>rd</sup> facility address (if applicable)*

4. \_\_\_\_\_

*4<sup>th</sup> facility address (if applicable)*

(If registering more than four facilities for your company, please attach a separate sheet of paper listing the addresses of the facilities.)

### Certification

I certify that the information provided on the Food Facility Registration Form and the above agreement are true and accurate, and that I am authorized by corporate officers of the company to submit this registration. Verto Solutions LLC Facility Registration will register this facility(s) following receipt of payment, and serve as the US agent for this facility(s) as required.

Under this agreement, Verto Solutions LLC Facility Registration will serve as U.S. agent for the named facility(s) from the time the facility(s) is effectively registered with the U.S. Food and Drug Administration through December 31, 2016. This agreement will automatically renew each calendar year unless the company notifies Verto Solutions LLC Facility Registration in writing at

least 30 days prior to the annual renewal or if the company fails to provide payment for the renewal year. Prior to renewal, you will receive an invoice for payment of the registration fee.

I understand that Verto Solutions LLC Facility Registration's responsibilities under this agreement are limited to the activities of an agent as described in Code of Federal Regulations, Title 21, Parts 1 and 20. Verto Solutions LLC Facility Registration is not involved in any way in the manufacturing, processing, or holding of the food or food ingredients imported by my company. Verto Solutions LLC Facility Registration is not responsible for the accuracy of the information provided by the facility, and accepts all factual assertions offered by the company as truthful. I understand that I am required to notify either Verto Solutions LLC Facility Registration or the FDA within 60 calendar days of any change to our facility registration.

This agreement shall be terminated effective immediately upon notice of either party; however, following successful registration of a facility with the U.S. FDA, no fees will be returned.

**I agree to the above terms:**

\_\_\_\_\_ (signature)  
\_\_\_\_\_ (title)  
\_\_\_\_\_ (date)

## Payment Information

The annual fee for serving as your US agent and registering your facility or facilities:

Registration Type	Registration Year(s)	Registration Fee(s)	# of Facilities Registering	Total
<b>Initial Facility</b>	2016	\$550 US		
<b>Additional Facilities</b>	2016	\$165 US		
			<b>TOTAL DUE</b>	<b>\$</b>

**2016** – Registration valid Jan. 1, 2016-Dec. 31, 2016

### Payment Method:

- Check enclosed  
*(Make check payable to: Verto Solutions LLC Facility Registration)*
- Bank Wire Information Sent Upon Request
- Credit Card

Which card are you using?

- Visa/MasterCard     American Express     Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_


Date: \_\_\_\_\_

## **Return Information**

### **Be sure to include all of the following:**

- ✓ Verto Solutions LLC Facility Registration's Agent Application and Agreement
- ✓ FDA Food Facility Registration Form (one for **each** facility)
- ✓ Payment Information, i.e., Credit Card, Bank Transfer or Check

### **Email, mail or fax this form to:**



Verto Solutions LLC Facility Registration  
Verto Solutions, LLC  
1101 17<sup>th</sup> Street NW  
Suite 700  
Washington, DC 20036  
USA

Email: [registration@vertosolutions.net](mailto:registration@vertosolutions.net)

Ph +1 202-293-5800

Fx +1 202-463-8998