



ACOL* CLIENT APPLICATION

This Client Application, when completed in duplicate, signed by the Client and accepted by Unisys Canada Inc. ("Unisys"), shall constitute an agreement between the Client and the Province(s)/Territory(ies) of the database(s) selected by the Client below ("Database(s)") for electronic access to said Database(s) ("ACOL Service"), in accordance with the appended Terms and Conditions, Product Description(s) and Financial Agreement.

Client Name (please print) _____

Address _____
Number / Room / Floor Civic Number Street

City Province / Territory Postal Code

Phone () _____ Fax () _____

Business Activity Code _____ (See attached list of Business Activity Codes)

Please list specific individuals we should contact for:

	Business/Financial	Technical Coordination
Name	_____	_____
Title	_____	_____
Phone	() _____	() _____
Fax	() _____	() _____
E-mail	_____	_____

Select a Client Verification Word (VWord) to be used to authenticate the identity of a user from your organization when in phone contact with the ACOL Service provider in regard to your account (maximum 20 characters) _____.

The following PPR Databases are currently offered under the ACOL Service. Please select the Database(s) for which application is being made:

Personal Property Registry Database(s) Selected

- New Brunswick (NB)
- Newfoundland and Labrador (NL)
- Nova Scotia (NS)
- Prince Edward Island (PE)
- Northwest Territories (NT)
- Nunavut (NU)

* ACOL and Atlantic Canada On-Line are registered official marks of the Provinces of New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island.

List the name(s) of person(s) from your organization authorized to receive user ID(s) for access to Database(s). Append list if additional names are to be authorized.. Please select one Administration Access Privilege for each user and check all Database Capabilities required. One, and only one user must be designated the PPR Administrative User. See the Instructions for ACOL Account Set-Up and ACOL Access Privileges for further information and assistance.

Surname / First Name / Middle Name	Access Privileges						
	Administration			Database Capabilities			
	Basic Access (Default)	Account Administration	PRIME Account Administration	Search	Register	Administer Secured Party Numbers	Submit Batch Files
PPR Administrative User	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sign where indicated and forward in duplicate to:

Unisys Canada Inc.
P.O. Box 204
Halifax, NS B3J 2M4
Phone 1-888-624-2265
Fax 1-902-422-1675

Upon acceptance of this Client Application, Client agrees to the establishment by Unisys of a non-interest bearing account for the selected Database(s) (“Client Account”). The Client shall determine an initial deposit amount (\$100.00 minimum) (“Initial Deposit”) and minimum balance amount for the Client Account and so indicate on the appended Financial Agreement. Prior to the availability of the ACOL Service to the Client, the Client shall have completed the Financial Agreement in the form attached hereto, and paid the Initial Deposit into the Client Account.

The information provided by the Client in these Agreements may be used by Unisys and the Applicable Province(s)/ Territory(ies) solely for the purpose(s) for which it was provided. Unisys and the Applicable Province(s)/ Territory(ies) shall not otherwise disclose the information to any other party or use it for any other purpose(s).

Authorized Client Signature

Accepted on behalf of the Province(s)/Territory(ies) of the Client selected Database(s)

Date

Date