



Application for Delivery of Mail Through Agent

See Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

1. Private Mailbox (PMB) Information		8. Photo ID Information for Applicant⁹	
1a. Date PMB Opened	1b. Date PMB Closed	8a. Applicant's Name	8b. Applicant's ID Number
2. Commercial Mail Receiving Agency (CMRA) Place of Business Information		9. Address ID Information for Applicant¹¹	
2a. Street Address to be Used for Delivery ¹		9a. Applicant's Name	
275 E. Hillcrest Drive Suite 160-		9b. Applicant's Street Home Address ¹	
2b. PMB #		9c. City	
2c. City		9d. State	
Thousand Oaks		9e. ZIP + 4	
2d. State		9f. Country	
CA			
2e. ZIP + 4 [®]		9g. Address ID type (check one) — Must Contain the Address in 9b–9f	
91360		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card	
3. Type of Service Requested		10. Photo ID Information for Authorized Individual (if applicable)⁹	
<input type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³		10a. Authorized Individual's Name	
4. Name of Applicant		10b. Authorized Individual's ID Number	
4a. Last Name	4b. First Name	10c. Issuing Entity	
		10d. Expiration Date on the ID	
4c. Middle Initial	10e. Photo ID type (check one)		
	<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card		
4d. Telephone Number (include area code)	11. Address ID Information for Authorized Individual (if applicable) ¹¹		
4e. Email Address	11a. Authorized Individual's Name		
	11b. Authorized Individual's Street Home Address ¹		
4f. Applicant's Street Home Address ^{1,4}	11c. City		
	11d. State		
4g. City	11e. ZIP + 4		
	11f. Country		
4h. State	11g. Address ID type (check one) — Must Contain the Address in 11b–11f		
4i. ZIP + 4	<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card		
4j. Country	12. Exceptions for Additional Recipients of Mail¹³		
4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	13a. Signature of Applicant ¹⁴		
If "Yes," you must attach a copy of the court order.	13b. Date		
5. Authorized Individual⁶	14a. Signature of Witness ¹⁵		
5a. Last Name	14b. Date		
5b. First Name			
5c. Middle Initial			
5d. Telephone Number (include area code)			
5e. Email Address			
5f. Authorized Individual's Street Home Address ^{1,6}			
5g. City			
5h. State			
5i. ZIP + 4			
5j. Country			
6. If Transferring PMB Mail to Another Address⁷...			
6a. Street Address Mail Is Transferred To ¹			
6b. City			
6c. State			
6d. ZIP + 4			
6e. Country			
6f. Telephone Number (include area code)			
6g. Email Address			
7. Business/Organization Information			
7a. Name of Business/Organization			
7b. Type of Business			
7c. Business Street Address ¹			
7d. City			
7e. State			
7f. ZIP + 4			
7g. Country			
7h. Telephone Number (include area code)			
7i. Place of Registration ⁸			

Instructions and Footnotes

1	Include house number, street, and apartment/suite number if applicable.
2	For Business/Organization Use, complete item 7.
3	For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB.
4	Address must match document provided in item 9b.
5	The Applicant authorizes mail to be collected by the individual noted in item 5.
6	Address must match document provided in item 11b.
7	Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address.
8	The place of registration is the county and state (if domestic), or the country (if foreign).
9	Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.
10	Although the driver's/nondriver's ID is listed in 8e and 9g as an option for <i>both</i> the Applicant's photo ID <i>and</i> address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
11	The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.
12	Although the driver's/nondriver's ID is listed in 10e and 11g as an option for <i>both</i> the Authorized Individual's photo ID <i>and</i> address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
13	For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required.
14	By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title: I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.
15	The witness can be the agent, an authorized employee, or a Notary Public.

Definitions:

Agent: The Commercial Mail Receiving Agency (CMRA).

Authorized employee: An employee of the CMRA who is authorized to act on the CMRA's behalf.

Authorized individual: A person who is authorized to pick up mail for the PMB holder.

Agreement: In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the applicant and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the applicant must file an updated application with the agent.

NOTE: The applicant must execute this form in the presence of the agent, his or her authorized employee, or a notary public. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business

at the home or business address listed in items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

Privacy Act Statement: Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without your consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit www.usps.com/privacypolicy.

<p>Witness my signature and official seal. Notary Public in and for the STATE OF _____,</p> <p>COUNTY OF _____. On this _____ day of _____, 20____,</p> <p>the applicant, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this application, appeared before me, and did personally sign the application.</p> <p>_____ Signature of Notary Public</p> <p style="text-align: right;">My commission expires: _____</p> <p style="text-align: right;">_____, 20_____</p>	<p>Official Seal:</p>
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California Mailbox Agreement

Any person obtaining private mailbox receiving service in the State of California must read and acknowledge receipt of the following statement, which is to be kept on file at this CMRA and will be made available, upon demand, to the Department of Consumer Affairs or any law enforcement agency conducting an investigation.

By requesting and obtaining use of a private mailbox receiving service in the State of California, I acknowledge that:

1. I am obligated to disclose my actual home address or place of residence on a USPS Form 1583 or other form as may later be developed and I further agree that I will provide prompt written notice to this CMRA of any subsequent change in my home address or place of residence.
2. By signing below, I irrevocably authorize this CMRA to act as my agent for service of process to receive any legal documents that may be served upon me. This authorization shall continue from the date of this agreement until two years after my mail receiving service has been terminated. I understand that this CMRA will (A) place a copy of the documents or a notice that the documents were received into my mailbox or other place where I usually receive my mail, unless my mail receiving service has been terminated, and (B) send all documents by first-class mail to the home or other address last known to the CMRA.
3. I further acknowledge that I understand that use of a private mailbox receiving service for commercial purposes in the State of California requires the user to comply with all applicable laws, including Section 17538.5 of the Business and Professions Code and laws prohibiting unfair competition and false advertising as set forth in Sections 17200 and 17500 of the Business and Professions Code. Violation of these laws may result in criminal or civil penalties or both. I understand that the United States Postal Service Form 1583 that must be prepared for each private mailbox receiving service customer shall be delivered to the local United States Post Office and a copy of the form must be retained by this CMRA and made available upon demand to the Department of Consumer Affairs or any law enforcement agency conducting an investigation. I hereby agree to accept and abide by the foregoing requirements.

Signature

Printed Name

Street Address

City State Zip

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.



CREDIT CARD BILLING AUTHORIZATION FORM

GUEST INFORMATION

COMPANY NAME: _____
GROUP NAME: _____
CONTACT NAME: _____

INDIVIDUAL GUEST INFORMATION

GUEST NAMES	ARRIVAL DATES	DEPARTURE DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHARGES TO BE BILLED (please indicate by marking an X in the appropriate boxes below)

<input type="checkbox"/> ALL CHARGES	<input type="checkbox"/> CATERING AND MEETING CHARGES
<input type="checkbox"/> CONFERENCE ROOMS & TAXES	<input type="checkbox"/> BUSINESS SERVICES
<input type="checkbox"/> GUEST INCIDENTALS	<input type="checkbox"/> MONTHLY RENEWAL OF MEMBERSHIP/RESIDENCY
OTHER (Description): _____	

CARD HOLDER INFORMATION

CARD NUMBER: _____ EXPIRATION DATE: _____
NAME AS IT APPEARS ON CARD _____ SEC CODE: _____
CARD BILLING ADDRESS: _____
CITY: _____ STATE AND ZIP CODE: _____
TELEPHONE: _____ FAX: _____
EMAIL: _____

AMERICAN EXPRESS VISA MASTER CARD DINERS CLUB DISCOVER JCB

I HEREBY AUTHORIZE OFFICELOCALE INC. OF THOUSAND OAKS TO USE THE CREDIT CARD INFORMATION PROVIDED ON THIS FORM EITHER AS A GUARANTEE OR AS PAYMENT FOR THE CHARGES DESCRIBED ABOVE. SUPPORTING DOCUMENTATION WILL ACCOMPANY ALL CHARGES. BY SIGNING BELOW I AGREE TO PAY MY CREDIT CARD ISSUER FOR THE CHARGES AGREED TO ABOVE IN ACCORDANCE WITH MY CARDHOLDER AGREEMENT.

CARD HOLDER'S SIGNATURE: _____ DATE SIGNED: _____



Check Deposit Request Form

Account Holder Name:

OFFICEBOX MEMBERSHIP NO.160-_____

Bank Name:

Local Address (if any) to Deposit your Checks:

Routing No.:

Bank Account No. for Deposit:

I authorize officeLOCALE to deposit my checks to the above named bank and charge my credit card on file for any additional fees as requested online from my officeBOX Membership Plan. I understand that my checks will be deposited anytime in the next 24 to 72 hours of my request excluding holidays and weekends. If my bank is not available locally, I understand the deposit may take longer and I can be charged extra trip charges as decided beforehand with officeLOCALE.

Signature

Date



officeLOCALE Virtual Office Membership**Correspondence and Mail Processing Agreement 2025**

This **Virtual Office Rental Agreement** ("Agreement") is entered into as of the **Effective Date** by and between:

officeLOCALE Virtual Offices and Coworking Spaces, dba officeLOCALE Inc.
Business Address: 275 E Hillcrest Drive, Suite 160, Thousand Oaks, CA 91360

("Virtual Office Operator" or officeLOCALE)

and

VO Member Name: _____

Member's Current Permanent Residential Address:

(VO "Member", "Client" or "Coworker")

WHEREAS, **officeLOCALE** operates a Commercial Mail Receiving Agency (CMRA) approved by the United States Postal Service (USPS) and provides virtual office services, including mail scanning, mail sorting, mail forwarding, mail shredding, check depositing, and mail and package storage, as well as access to coworking spaces, private offices, and conference room rental;

WHEREAS, VO Member desires to rent **individual** and **non-transferable** virtual office services and coworking space from **officeLOCALE** under the terms and conditions set forth in this Agreement, with the membership being **exclusive to each individual member** of the officeLOCALE organization;

WHEREAS, **private offices are rented in addition to but separately from the virtual address** services provided under this Agreement.

NOW, THEREFORE, for good and valuable consideration, the parties agree as follows:

1. Definitions

1.1 **"Virtual Office Services"** provided by **officeLOCALE** include:

- (a) **Mail scanning** (via HIPAA-compliant secure Online Digital Portal (ODP) powered by Anytime Mailbox)
- (b) **Mail sorting**
- (c) **Mail forwarding**
- (d) **Mail shredding**
- (e) **Check depositing**
- (f) **Mail and package storage**
- (g) **Use of coworking space**
- (h) **Conference room rental**

1.2 **"Mail"** refers to any physical correspondence, packages, checks, or other mail sent to the virtual office address provided by **officeLOCALE** to **VO Member**.

1.3 "**Loss of Revenue**" refers to any financial loss, loss of business, government penalties or lost profits **VO Member** may incur due to delays, misdeliveries, or other failures related to the mail, check depositing, and package services provided under this Agreement.

1.4 "**Penalties**" refers to any charges or fees assessed for delays, breaches of this Agreement, or failure to comply with agreed-upon terms, including late payments or undelivered services.

1.5 "**CMRA**" refers to a Commercial Mail Receiving Agency as defined by the USPS, where **officeLOCALE** is an authorized agent to receive mail and packages on behalf of **VO Member**.

2. Services Provided

2.1 Mail Scanning:

officeLOCALE will scan the outside mail envelope or package addressed to registered, authorized, and paid VO member only who have no previous outstanding balance and email **VO Member** any received mail on a regular basis during business days not including holidays. Scanned mail will be available to **VO Member** via a designated HIPAA-compliant secure digital online portal powered by **Anytime Mailbox (ATMB)** aka Bugo LLC. Open and Scan feature on the online portal will be used by the **VO Member** to request to scan the contents of their specific piece of mail. **OfficeLOCALE** will upload the images of such mail piece contents in 24-48 hours on business days excluding weekends and holidays. Charges apply per item opened and scanned per Plan Rate Sheet. All charges are auto consolidated in the portal with Membership Dues at the end of the billing period.

2.2 Mail Sorting:

officeLOCALE will sort and categorize received mail addressed to registered, authorized, and paid **VO member only**, into a designated locked mailbox for **VO Member** to collect their physical mail that matches the Online Digital Portal image. Registered Member will be issued a designated physical mailbox key and an access code into the mailroom for mail and package collection. If mailroom access code is not available, **VO Member** needs to make an appointment with **officeLOCALE** for a mail collection time. No charges apply for physical mail collection by **VO Member**.

2.3 Mail Forwarding:

officeLOCALE will forward mail to **VO Member's** designated address on the Online Digital Portal at **VO Member's** expense, with a traceable carrier either with FedEx 2nd Day Flat or USPS Priority with Delivery Confirmation. International forwarding is through DHL Shipping. **VO Member** must clearly specify and checkmark which mail is to be Forwarded on the Online Digital Portal. Only mail matching on the online portal will be forwarded in the outgoing envelope. **VO Member** is responsible for notifying **OfficeLOCALE** of any change of forwarding address in the Online Digital Portal. Charges apply per item forwarded per Plan Rate Sheet. All charges are auto consolidated in the portal with Membership Dues at the end of the billing period.

2.4 Mail Shredding:

officeLOCALE will shred mail as requested by **VO Member** in the online portal. **VO Member** must clearly specify and checkmark which mail is to be shredded on the ODP. Charges apply per item shredded. All charges are auto consolidated in the portal with Membership Dues at the end of the billing period.

2.5 Check Depositing:

officeLOCALE will deposit checks received at the virtual office address into **VO Member's** designated bank account upon request on the ODP. Check Deposit feature must be requested on the digital online portal to be acknowledged. Charges apply per deposit trip as per Plan Rate Sheet.

2.6 Mail and Package Storage:

officeLOCALE will receive, store, and secure mail and packages on behalf of **VO Member** at **officeLOCALE's** facility. Storage charges will apply if items are not picked up within **5 days** of receipt that

remain outside their physical mailbox. The storage fee is determined by the Plan Rate Sheet per size and duration of item stored beyond the 5-day period. All charges are consolidated with Membership Dues at the end of the billing period.

2.7 Use of Coworking Space:

VO Member is entitled to use the coworking space at the **officeLOCALE's** facility on a first-come, first-serve basis. No reservation is required but is encouraged. Access is subject to the availability of space anywhere in the facility with a secure WiFi connection. **A Day Pass or Membership is mandatory for anyone to be on the OfficeLOCALE premises.** Coworking Space is inclusive of the Virtual Office Plan, and no extra charges apply for basic use.

2.8 Conference Room Rental:

VO Member may rent the conference room at the facility on an hourly basis or as otherwise agreed by **officeLOCALE Management**. Conference room use is subject to availability and reservation and must be reserved on the www.officeLOCALE.com online calendar. Online rates apply and charged to credit card on file.

2.9 Wifi Access:

officeLOCALE will provide high speed secure, WiFi in both the coworking space and conference room for **VO Member's** use during hours of operation.

2.10 Additional Services:

Any additional services (e.g., printing, copying, or use of office equipment) will incur additional charges based on rates agreed upon between **officeLOCALE** and **VO Member**.

3. Fees and Payments

3.1 Virtual Office Rate:

VO Member agrees to pay a monthly fee of \$_____ for the Virtual Office Services. A one-time non refundable setup fee of \$_____ is required at the start of the Agreement. Membership fees may change without notice going forward.

3.2 Conference Room Rental Fees:

VO Member agrees to pay **per hour** for conference room use as agreed by **officeLOCALE**.

3.3 Mail Storage Fees:

If **VO Member** does not pick up mail or packages within **5 days** of receipt, storage charges will apply at the published rate in the Plan Rate Sheet **per day** for each item stored.

3.4 Additional Service Fees:

VO Member agrees to pay any additional service charges, such as for printing, copying, or use of equipment, at rates agreed upon in advance with the **officeLOCALE**.

3.5 Credit Card on File:

VO Member agrees to provide **officeLOCALE** with a valid credit card and authorize **officeLOCALE** to keep it on file for the payment of monthly rent and all charges for services rendered, including but not limited to mail opening/scanning, sorting, forwarding, shredding, check depositing, and storage. Charges will be automatically billed to the provided credit card each month.

3.6 Late Payment Fee:

If **VO Member** fails to pay dues by the due date, a **\$35 late fee** will be assessed. **VO Member**

understands that failure to pay dues on time may result in the suspension of Virtual Office Services, including mail processing, check depositing, and use of the coworking space.

4. Disclaimer and Liability Limitations

By using **officeLOCALE's** Virtual Office Services, the **VO Member** acknowledges and agrees to the following liability limitations:

4.1 Mail and Package Loss or Damage:

officeLOCALE will take reasonable care to handle **VO Member's** mail and packages, but will not be held liable for any loss, theft, mis-sort, or damage to such items, except to the extent caused by **officeLOCALE's** gross negligence or willful misconduct. In the event of loss or damage, the maximum liability coverage for any lost mail or package due to sorting, processing, or forwarding is limited to **\$10** per mail item.

4.2 Check Depositing:

officeLOCALE is not liable for any delays or errors in check depositing, except in cases of gross negligence or willful misconduct. **VO Member** agrees to indemnify, defend, and hold harmless **officeLOCALE** from any losses, penalties, or financial consequences arising from delayed or failed check deposits and scans.

4.3 Loss of Revenue Indemnification:

officeLOCALE shall not be liable for any loss of revenue or business interruption caused by delays, failures, or errors in the Virtual Office Services, including but not limited to delays in mail forwarding, check deposits, or mail processing. **VO Member** agrees to indemnify, defend, and hold harmless **officeLOCALE** from any claims, liabilities, or expenses arising out of **VO Member's** loss of revenue due to these services.

4.4 Penalties for Non-Performance:

officeLOCALE is not responsible for any penalties, fines, or legal consequences incurred by **VO Member** due to delays or failures in mail forwarding, mail processing, check depositing, or any other service failure unless such delay or failure results from **officeLOCALE's** gross negligence or willful misconduct.

4.5 Mail and Package Storage Charges:

VO Member acknowledges that if mail or packages are not picked up within 5 days of receipt, additional storage charges will apply, in accordance with the published rates in the Plan Rate Sheet. **officeLOCALE** reserves the right to return or dispose of unclaimed items after the storage period has expired.

4.6 Wifi and Equipment Use:

officeLOCALE is not responsible for any disruptions, failures, or security breaches in the Wifi or office equipment. **VO Member** uses these services at their own risk. **OfficeLOCALE** makes no guarantees regarding the security of its Wifi network or the risk of hacking, and **VO Member** acknowledges that any unauthorized access to their devices or data resulting from Wifi use is at the **VO Member's** own risk. **officeLOCALE** is not liable for any damages resulting from network breaches, hacking, or other internet-related risks.

By using **officeLOCALE's** services, **VO Member** agrees to assume all responsibility for their own devices, data security, and the consequences of any failures in Wifi or other office equipment, and agrees to indemnify **officeLOCALE** from any damages resulting from such incidents.

5. Indemnification

5.1 **VO Member** agrees to indemnify, defend, and hold harmless **officeLOCALE**, its officers, employees, and agents from any and all claims, liabilities, damages, losses, or expenses, including reasonable attorney fees, arising out of:

- (a) **VO Member's** use of the Virtual Office Services,
- (b) **Loss of Revenue** suffered by **VO Member** due to delays or failures of the Virtual Office Services,
- (c) **VO Member's** failure to adhere to the terms of this Agreement, or
- (d) Any damages, losses, or penalties incurred due to **VO Member's** actions, omissions, or negligence.

5.2 This indemnification obligation shall survive the termination of this Agreement.

6. Coworking Space Terms of Use

6.1 Access to Coworking Space:

VO Member is granted access to the coworking space on a **first-come, first-serve** basis. Access is limited to the dates or hours covered by the membership or day pass. The use of the coworking space is subject to availability and adherence to the facility's rules and regulations.

6.2 Behavioral Standards:

VO Member agrees to behave in a professional manner while using the coworking space and shall respect other **VO Members** and staff. **VO Member** agrees not to engage in any illegal activities or disruptive behavior including phone calls without prior approval of officeLOCALE.

6.3 Use of Equipment:

VO Member may use the available equipment and furniture in the coworking space; however, **VO Member** is responsible for maintaining the equipment and furniture in the same condition as it was found. Any damage to equipment or furniture must be reported immediately.

6.4 Conference Room Use:

VO Member must make a reservation to use the conference room. The conference room is rented on an hourly basis per online rate charts or as agreed by management. Reservations must be made in advance and are subject to availability.

6.5 Wifi Access:

officeLOCALE will provide internet access to **VO Member** in the coworking space and conference room. **VO Member** is responsible for using the internet connection in a manner consistent with **officeLOCALE's** acceptable use policies.

6.6 Additional Charges for Extra Services:

Additional services, such as printing, copying, or use of other office equipment, will be charged at rates agreed upon between **VO Member** and **officeLOCALE**.

7. Term and Termination

7.1 Term:

This Agreement shall commence on the **Effective Date** and continue on a **month-to-month** basis, automatically renewing each month until **30 days' written cancellation notice** is given by **VO Member** and acknowledged by the **officeLOCALE**.

7.2 Termination for Cause:

Either party may terminate this Agreement for cause, including material breach of any of the terms and conditions herein.

7.3 Return of Items Upon Termination:

Upon termination, **VO Member** must promptly retrieve any outstanding mail, packages, or checks from **officeLOCALE's** facility. Any unclaimed items after **30 days** may be discarded or returned to **VO Member** at their expense.

8. Confidentiality

8.1 Both parties agree to maintain the confidentiality of any sensitive information received or processed as part of the Virtual Office Services.

8.2 This confidentiality obligation shall survive the termination of this Agreement.

9. Miscellaneous

9.1 Force Majeure:

officeLOCALE shall not be held liable for any delay or failure to perform due to causes beyond its reasonable control, including but not limited to acts of God, natural disasters, or governmental actions.

9.2 Governing Law:

This Agreement shall be governed by and construed in accordance with the laws of the State of **California**.

9.3 Dispute Resolution:

Any disputes arising out of this Agreement shall be resolved through binding arbitration in Ventura County, in accordance with the rules of the American Arbitration Association.

9.4 Amendments:

Right to Amend Rates and Services. **officeLOCALE** reserves the right, at its sole discretion, to amend, modify, or change the rates and services provided under the Agreement, without prior notice to the Client. Such amendments may be made at any time, and will take effect immediately upon being implemented by **officeLOCALE**.

No Obligation of Notice **officeLOCALE** is not obligated to provide prior notice or obtain consent from the Client for any changes made under this Amendment. The Client acknowledges and agrees that it is their responsibility to stay informed of any updates regarding rates and services.

Acknowledgement and Agreement

These Terms and Conditions constitute the entire agreement between the Virtual Office Member and officeLOCALE Inc., regarding virtual office membership services and supersede all previous oral or written communications, agreements, or warranties.

By signing and initialing this form, the Client acknowledges that they have read, understood, and agree to all the terms and conditions outlined in this agreement. The VO Member further agrees to be bound by these terms, including but not limited to payment terms, cancellation policies, and any other stipulations set forth herein.

Accountable VO Member:

Authorized VO Member (on USPS 1583):

Signature: _____

Signature: _____

Name: _____

Name: _____

Business Name: _____

Date: _____

Date: _____