

**SCHEDULE B**  
**VENDOR AUTHORIZATION FORM**

This Vendor Authorization Form (VAF) is to be completed by the Vendor and then electronically executed by the Vendor, Dealership's Authorized party, and lastly by DealerBuilt. One form is required per store rooftop location for each Vendor. The recipient of this form agrees to use its best efforts to prevent and protect the Confidential Information, or any part thereof from disclosure to any person other than recipients' employees having a need for disclosure in connection with authorized use of the Confidential Information. Send to support.int@dealerbuilt.com.

**Vendor**

Vendor Name	AutoHub, Hubiquity INC
Address	1 Sansome St. 35TH FLOOR #1210192 San Francisco CA, 94104
Phone Number	415-787-2292
Email	support@autohub.io

<b>Data Access</b>	<b>Service</b>	<b>Parts</b>	<b>Vehicles</b>
<input checked="" type="checkbox"/> On-Demand (API)	<input checked="" type="checkbox"/> Repair Orders	<input type="checkbox"/> Parts Sales	<input type="checkbox"/> Vehicle Inventory
<input type="checkbox"/> Periodic/Historical Export	<input type="checkbox"/> Service	<input type="checkbox"/> Parts Inventory	
<input type="checkbox"/> Individual Integration	<input type="checkbox"/> Appointments		
	<input type="checkbox"/> Support		
	<b>Deals</b>	<b>Customer</b>	<b>Accounting</b>
	<input checked="" type="checkbox"/> Deals	<input type="checkbox"/> Customer Objects	<input type="checkbox"/> Accounting Objects

**Export Credentials**

Host	
Path	
Username	
Password	

File Name	Frequency	Historical?	Indicate span

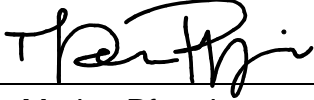
**Start Date**

Start Date	Please add today's date
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**Dealership**

Name	
Address	
Contact Name	
Phone Number	
Email	
Vendor Solution(s)	AutoHub DMS Integration

**Acknowledged by (Vendor)**

Signature	
Print Name	Marisa Pfenning
Title	Operations Manager
Date	

**Authorized by (Dealership)**

Signature	
Print Name	
Title	
Date	

**Accepted by (DealerBuilt)**

Signature	
Print Name	Michael Wilson
Title	CFO
Email	Mike.Wilson@DealerBuilt.com
Date	