



Submitted by Motive Retail

Dealership Information:

Dealership Name _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Email: _____

Phone: _____ Fax: _____

Dominion Vue Acct #: _____

Dealership requests that Dominion Vue transfer Dealership Data to the following Authorized Recipient:

Authorized Recipient Name: AutoHub Contact Name: Marisa Pfenning, Director of Operations

Authorized Recipient Phone: 415-329-4582 Email: onboarding@autohub.io

Dealership Data Transfer Requested:

| Activate | Data Type | Method of Delivery | Data File Name | Sending Interval |
|-------------------------------------|---------------|--------------------|------------------|------------------|
| <input checked="" type="checkbox"/> | Repair Orders | API | GET Repair Order | As Requested |

The undersigned Dealership understands that authorizing this connection between the Authorized Recipient and Dominion VUE DMS will involve the transmission to Motive Retail and to the Authorized Recipient of personal and/or proprietary information of the undersigned, including, without limitation, customer details, inventory levels and sales, and/or deal details. By signing below, the undersigned Dealership authorizes Dominion DMS, LLC, through its Dominion VUE DMS, to share the requested data with Motive Retail and the Authorized Recipient in order to complete the requested data feed connection between the undersigned's instance of Dominion VUE DMS and the Authorized Recipient. The undersigned Dealership hereby releases Dominion DMS, LLC, its affiliates, and its and their officers, managers, directors, members, and employees, from all claims and damages that may result from the transfer of data hereby authorized.

Customer Signature: _____ Date: _____

Printed Name: _____ Title: _____