

**Submitted by Motive Retail****Customer (Dealership) Information:**

Dealership Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Autosoft Acct #: \_\_\_\_\_

**Customer requests that Autosoft transfer Dealership Data to the following Authorized Recipient:**

Authorized Recipient Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Authorized Recipient Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Dealership Data Transfer Requested:**

Activate	Data Type	Method of Delivery	Data File Name	Sending Interval
<input type="checkbox"/>	Repair Order	API	Retrieve Repair Order	As Requested

CUSTOMER HEREBY ACKNOWLEDGES THAT CUSTOMER HAS READ AND UNDERSTOOD THE DATA TRANSFER TERMS FOUND HERE [AUTOSOFTDMS.COM/DATA-TRANSFER-TERMS/](http://AUTOSOFTDMS.COM/DATA-TRANSFER-TERMS/) (THE "**DATA TRANSFER TERMS**") AND THE TERMS OF SERVICE FOUND HERE [AUTOSOFTDMS.COM/TERMSANDCONDITIONS/](http://AUTOSOFTDMS.COM/TERMSANDCONDITIONS/) (THE "**TERMS OF SERVICE**"). CUSTOMER AGREES TO, AND INTENDS TO BE LEGALLY BOUND BY, ALL THE PROVISIONS OF THE DATA TRANSFER TERMS AND THE TERMS OF SERVICE, BOTH OF WHICH ARE INCORPORATED HEREIN BY THIS REFERENCE.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_**Please complete, sign and return the form to Autohub.**