



Data Transfer Authorization Autohub

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/](#) (THE "DATA TRANSFER TERMS") AND THE TERMS OF SERVICE FOUND HERE [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.