



Dealership Data Authorization Form

As a representative of the Dealership named below, I hereby authorize PBS Systems Inc. to release customer and business-related data via electronic transfer to Motive Retail, LLC. The Dealership data authorized to be transferred on this form will be accessed by Motive Retail, LLC. to transfer to Motive Retail, LLC. Partner listed below.

Please return this completed form back to the vendor for submission to PBS.

Dealership Code _____
Dealership Name _____
Dealership Address _____
Dealership City, Province/State _____
Dealership Postal Code/Zip _____

PBS Partner Information

Name of Company Motive Retail, LLC.
PBS Partner ID # P308
Contact Name Alden Tischler
Phone (303) 378-9959 Ext: _____
E-mail Address Atischler@motiveretail.com

Motive Retail, LLC. Partner Information

Name of Company Autohub
Contact Name Marisa Pfenning
Phone 415-787-2292 Ext: _____
E-mail Address Support@autohub.io

Data to be accessed via API

Sales	Get	Post
*Deal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service	Get	Post
Appointment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repair Order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parts	Get	Post
Parts Inventory	<input type="checkbox"/>	<input type="checkbox"/>
Parts Invoice	<input type="checkbox"/>	<input type="checkbox"/>
Parts Order	<input type="checkbox"/>	<input type="checkbox"/>
Other	Get	Post
*Contact (Customer information)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workplan	<input type="checkbox"/>	<input type="checkbox"/>
Dealership Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Print/Type Name _____

Authorized Dealership Signature _____

Date _____

* Acknowledges that you have authorized the Transfer of Personal Customer Information.