



## 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   
PBS Partner ID #   
Contact Name   
Phone  Ext:   
E-mail Address

### Motive Retail, LLC. Partner Information

Name of Company   
Contact Name   
Phone  Ext:   
E-mail Address

### 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"/>	

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Authorized Dealership Signature

\_\_\_\_\_  
Date

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