

ADMINISTRATION REQUEST FOR KEYTRAK CUSTOMER WEB SITE (my.keytrak.com)

Please PRINT and FAX the completed form to 1-713-718-1422

System Administrator Role

Typically for a Single Location

OR

Enterprise Administrator Role

Typically for Multiple Locations

Billing Invoices - Single Location

To View Billing Invoices for a Single Location

OR

Billing Invoices - Multiple Locations

To View Billing Invoices for Multiple Locations

1 Full Name: _____

2 Email Address (also used as Login ID): _____

3 Phone Number (required for confirmation/follow up): _____

PLEASE LIST BELOW ALL SEPARATELY IDENTIFIED STORES/DEALERSHIPS & THEIR ASSOCIATED ACCOUNT NUMBER(S) THAT WILL BE PART OF THE ENTERPRISE BILLING INFORMATION GROUP.

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KEYTRAK ACCOUNT #	COMPANY NAME	ADDRESS	CITY	ST/PROV
<i>ex: K12345</i>	<i>ex: ABC Motors</i>	<i>ex: 123 Main Street</i>	<i>ex: Anytown</i>	<i>ex: OH</i>

By completing and signing this Authorization and returning the signed copy by fax to KeyTrak Account Services Department at fax 1-713-718-1422, to the attention of "KeyTrak Portal Support," you certify that you are a duly appointed officer* of the Company named below. In that capacity, you confirm that your Company authorizes and directs KeyTrak to grant administrator privileges to the above-named individual for the KeyTrak Customer Web site. You understand that the administrator will be able to create, modify, and delete user accounts for other individuals within your Company. Also, the Administrator can grant users' access to KeyTrak billing information and other resources available through the KeyTrak Customer Web site.

You agree that the Company is responsible for reasonable and appropriate measures to safeguard the requested information, the Web site used to store and access it, and any passwords used to access this Web site and this information, to the extent those resources are under the Company's control. You agree that an officer of the company will notify KeyTrak in writing prior to any change in the authority of the Company or the Administrator to access the Web site or receive the information available on it. The Company hereby indemnifies and holds harmless KeyTrak and its officers, directors and employees from any harms arising from the access and use of this Web site and any information on it that is enabled by the Company.

By signing below, you also represent that you are an authorized agent of the Company, that you have full right and authority to sign this authorization and give the authorization described above on behalf of the Company.

ALL OF THE ABOVE IS CONFIRMED AND AGREED TO:

(Below information to be provided by Company - Failure to provide complete information may delay performance of work by KeyTrak).

Officer Signature: _____

Print Officer Name: _____

Print Officer Title: _____

Date: _____

*** An officer will have one of the following titles:**

- | | |
|----------------------------|----------------------------|
| 1. President | 7. Directeur (Canada Only) |
| 2. Vice President | 8. Generale (Canada Only) |
| 3. Secretary | 9. General Manager |
| 4. Treasurer | 10. Controller |
| 5. Chief Executive Officer | 11. Dealer Principal |
| 6. Chief Financial Officer | 12. System Administrator |

FAX # 1-713-718-1422