PROXY FORM
Authorization and Directive

_____ currently residing at _____
Name of the client in the program *Address*

_____ having as driving license number _____

authorized _____ to represent me for the following service transaction:
Name of the Representative

- ☐ Inspection visit
- ☐ Recall service
- ☐ Recall violation
- ☐ Vehicle change
- ☐ Equipment change
- ☐ End of program voluntary
- ☐ End of program completed
- ☐ End of program (other)

scheduled on _____ at the service center of _____ .
Date (YYYY/MM/DD) *City*

The Customer hereby authorizes and instructs Service Provider and Authorized Agents to:

- Charge all applicable fees, in accordance with the Customer Signed Service Agreement;
- Disclose to the Representative any personal and confidential information about him that is reasonably required to perform the service or that the Representative may see during the service R-V; and
- Provide the Representative with service invoices and usage reports for the Smart Start device.

The Client and the Representative acknowledge that the Service Provider and its authorized agents have no obligation to provide any service as long as the charges for these services, and all outstanding payments, have not been paid, and that this Authorization and Direction is subject to the "Information on the use of the proxy form" below.

Signatures

_____	_____	_____
Client Signature	Phone Number	Date (YYYY/MM/DD)
_____	_____	_____
Representative Signature	Phone Number	Date (YYYY/MM/DD)

Information on the use of the proxy form

The Authorization and Directive will be refused if:

- Inscriptions are erased, crossed out or changed;
- Inscriptions do not match the information entered in the computer system of the service provider.

This Authorization and Directive is valid for a single visit

- The Representative must be major
- The Representative must provide valid photo ID.