

Onboarding Form: Store Data - Page 1

Please fill out this form to the best of your ability. This will help Throttle to expedite your set up.

What Throttle Needs from You:

1. Complete this form and send it back to Throttle as soon as possible. (email to **onboarding@throttleitup.com** or fax to **301.668.9364**) 2. By signing to the right, I approve the transfer of 24 months of historical data from my POS partner and a daily transactional feed moving forward as long as I am on the Throttle reminder program. I understand I can cancel this data feed at any time. Throttle will not sell my data. Signature Approving Data Transfer **Best Contact During Set Up:** Name: Title: Owner 0 Manager ______ Phone: __ Email: Store Address & Email (to be used for postcard and email reminders): Store Name: Street Address: State/Province: Zip/Postal Code: _____ City: _____ Store Phone: Store Website: Store Email Address: (This email address will appear in the From and Reply-to Fields of the email reminders) **Hours of Operation:** Other Business on Site: Car Wash Monday: _____ am -State Inspection _____ am -Tuesday: Other: Wednesday: _____ am -_____ pm Thursday: _____ am -Friday: _____ am -Saturday: _____ am -____ am -Sunday: **POS System:** iLube \bigcirc isi ○ AutoData SAGE O DRB O eLUBE ○ PMA ○ Mitchell* () ASA

*Note: Throttle uses Teambuilder to extract data from Mitchell stores. We will need your Teambuilder user name and password. We will call to follow-up.

_____ Store ID (if applicable): ___

Transitioning POS Systems? If YES, what is your OLD POS System? _

Other:



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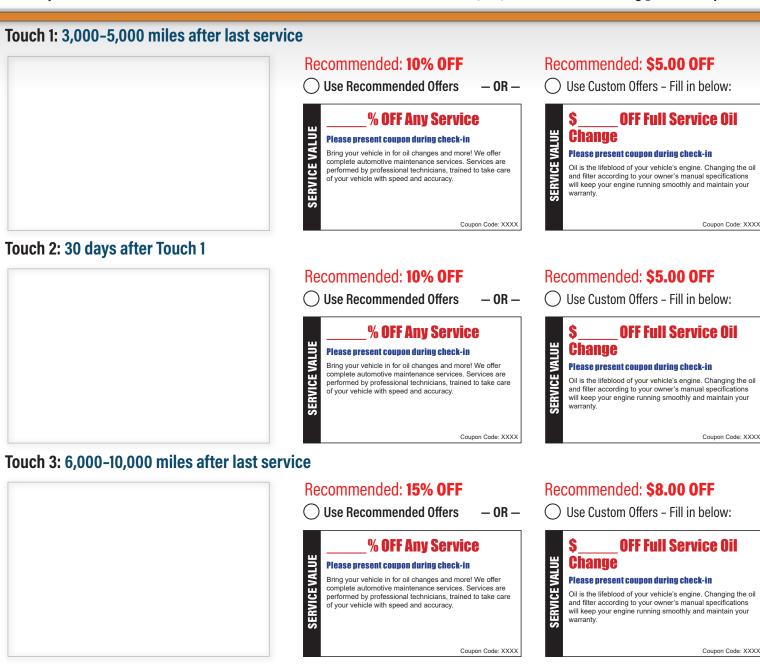
Please fill out this form to the best of your ability. This will help Throttle to expedite your set up.

Size of Cards:				
Small: 4"x6" Large: 6"x9"				
	•	1 Touch 3 - 10	:: (recommended for best rate of return) OK after last service Touch 4 – 30 days after Touch 3	
Sign me up for Text Message Ren *Exported database must include Licer				
Sign me up for Monthly Service L	Ipdate Newsletters (includ	led)		
Sign me up for 6 Yearly Holiday E *Feb: President's Day May: Memorial			•	
Reminder Radius:				
○ Use Default: 30 miles around location ○ Use Cust		Use Custom:	miles around location	
LOF Codes: We need the LOF Codes you use so we can track your customer's purchase behavior.		F	MOTOR Recommendations: Please let us know what your shop does NOT perform and we will remove those items from your list.	
I don't understand what this mean to talk about it during my onboard		[Inspect/Replace Air Conditioning System Inspect/Replace Front Differential Service	
Example: 2-FS Oil Change	Example: 2-FS Oil Cha		Inspect/Replace Rear Differential Service Inspect Fuel Injection Service Inspect/Replace Belts Inspect/Replace Battery Inspect/Replace Engine Air Filter Inspect/Replace Cabin Air Filter Inspect Power Steering Flush Inspect Radiator Flush and Fill Inspect Transfer Case Service Inspect Transmission Service	



Onboarding Form: Offers

Choose your own offers or use the recommended offers. Questions? Contact Throttle at (800) 966-1661 or onboarding@throttleitup.com



Touch 4: 30 days after Touch 3 (Optional)



Recommended: 15% OFF

 \bigcirc Use Recommended Offers - OR -

____% OFF Any Service

Please present coupon during check-in

Bring your vehicle in for oil changes and more! We offer complete automotive maintenance services. Services are performed by professional technicians, trained to take care of your vehicle with speed and accuracy.

Coupon Code: XXXX

Recommended: \$8.00 OFF

Use Custom Offers - Fill in below:

\$___OFF Full Service Oil

Please present coupon during check-in

Oil is the lifeblood of your vehicle's engine. Changing the oil and filter according to your owner's manual specifications will keep your engine running smoothly and maintain your warranty.

Coupon Code: XXXX

Customer Information Form

Classic Forms and Systems, Inc. t/a Classicplus



Attn: Throttle Onboarding
Fax (301) 668-9364
Email: onboarding@throttleitup.com

Company Name (DBA)		Billing To (Accounts Payables Company)		
Address Line 1		Accounts Payables Address Line 1		
Address Line 2		Address Line 2		
City		City		
State	Postal Code	State	Postal Code	
Phone		Phone		
Email		Invoices to be emailed to:		
Names and Titles of Principals of Business		Name and Address of the Parent Company, if any.		
		Address Line 1		
Nature of Business		Address Line 2		
How Long in Business		City		
Tax ID Number (no dashes)				
		State	Postal Code	
○ Corporate ○ Sole Proprietor ○ LLC	Partnership State			

Please electronically sign this form below. If you are unable to create an electronic signature or would prefer to manually complete/sign this form, you may do so. If you choose to manually complete/sign the form, please print, complete, sign, then fax the form to Classicplus at 301-668-9364. Once you sign this document, all fields above will be locked and you will not be able to make additional edits to this page.

A finance charge will be applied at a periodic rate of $1\frac{1}{2}$ % per month (annual percentage 18%) on past due balances over 30 days. Customer agrees to pay within terms of invoice. I further understand that should it be necessary to employ a collection agency or attorney to collect monies due, my firm will be responsible for all reasonable costs of collection.

Signature:	Date:	

Credit Card Authorization for Payment





Attn: Throttle Onboarding Fax (301) 668-9364 Email: onboarding@throttleitup.com

Classic Forms and Systems, Inc. t/a Classicplus

Card Type				
Company Name				
Name on Card				
Account Number CCV Number				
Expiration Date				
Month Year CVV Security Code AMERICAN EXPRESD AMERICAN EXPRESD OIL/25 CARD HOLDER				
Please electronically sign this form below. If you are unable to create an electronic signature or would prefer to manually complete/sign this form, you may do so. If you choose to manually complete/sign the form, please print, complete, sign, then fax the form to Classicplus at 301-668-9364. Once you sign this document, all fields above will be locked and you will not be able to make additional edits to this page. I authorize Classicplus to charge the credit card listed above for charges relating to products or services I have authorized and provided to me.				
Signature: Date:				

After you have completed and signed all pages of this document, submit this form directly to Classicplus. $Submit\ via\ email\ to\ onboarding@throttleitup.com\ or\ print\ the\ completed\ and\ signed\ form\ and\ fax\ it\ to\ \#\ 301-668-9364.$