

Please Check Only One Of The Following Boxes:

Opt-In \_\_\_\_

- I wish to Opt-In regarding the disclosure of Customer NPI as defined by the provisions listed herein

Opt-Out \_\_\_\_

- I wish to Opt-Out regarding the disclosure of Customer NPI as defined by the provisions listed herein

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Joint Customers Signature (if applicable)

\_\_\_\_\_  
Customers Printed Name

\_\_\_\_\_  
Joint Customers Printed Name (if applicable)

\_\_\_\_\_  
Customers Street Address

\_\_\_\_\_  
Vehicles 17-Digit Vehicle Identification Number

\_\_\_\_\_  
Customers City/State/Zip

\_\_\_\_\_  
Vehicles Year Make Model

\_\_\_\_\_  
Customers Phone Number