

Request to Transfer Billing

In the event that a customer wishes to transfer to a different reseller, the following form must be completed by both the Existing Reseller as well as the New Reseller. After completion, submit the form and serial numbers via a MyAdmin support ticket prior to the 15th of the transfer month to allow for a timely transfer. Transfers can only take effect as of the 1st of the month. An order will need to be placed (for the quantity of devices being transferred) in MyAdmin using product code XXX-TRANSFER. **The transfer fee is \$40.00 USD per device** - thePO number is required in the field below.

Filled out By Existing Reseller	Filled out By New Reseller
Company Name	Company Name ILER GROUP, INC. DBA FLEETISTICS
Geotab ERP Account #	Geotab ERP Account # GPSF02 (USA) or GPSF03 (Canada)
Customer Name	# of Devices
	PO# (to be added after Existing reseller approves):
<p>Existing Reseller certifies that the following steps have been completed:</p> <ol style="list-style-type: none"> 1. The devices have been made historic in the original database <i>if only a portion of the units are transitioning.</i> 2. No changes to the devices have been made in the customer database <i>if all units are transferring</i> 3. We have provided the Asset Label, Serial Number and VIN as an attached spreadsheet. 4. This transfer of billing will occur on the first day of _____ 2022. The invoice for the following month will be delivered to the new reseller listed. <p>New Reseller certifies that:</p> <ol style="list-style-type: none"> 1. If only a portion of the devices are transferring, we will move the serial numbers into a new database. 2. That we accept all responsibility for support and billing for these units from the date listed above and going forward. <p>In consideration for the faithful performance of the terms of this Request to Transfer Billing Form, Existing Reseller and New Reseller, for themselves, and their respective successors and assigns, do hereby relinquish, waive, release, acquit and forever discharge</p>	

Geotab Inc. and its affiliates of and from any and all claims, disputes, actions, charges, contractual obligations, complaints, causes of action, rights, demands, debts, damages, or accountings of whatever nature, at law or in equity, known or unknown, asserted or not asserted, which Existing Reseller and New Reseller has now or may have in the future against Geotab Inc. or its affiliates, based on any actions or events relating to this Request to Transfer Billing Form.

The devices have not been and will not be terminated. I realize the billing to our account will stop on the date listed above.	Our company agrees to accept billing responsibility of the attached devices on the date specified above for client.
Authorizing Employee Print Name	Authorizing Employee Print Name ERON C. ILER
Authorizing Employee Title	Authorizing Employee Title PRESIDENT
Employee Signature Sign Name Here	Employee Signature Sign Name Here

Note, this document is only accepted with a wet signature or proper eSignature