



Please copy this form and complete the necessary fields. Please fax the completed form to (979) 690-5815.

Our dealership would like to delete the following parts vendor(s). Our client number is _____.

- 1. Vendor _____ Name _____
- 2. Vendor _____ Name _____
- 3. Vendor _____ Name _____
- 4. Vendor _____ Name _____
- 5. Vendor _____ Name _____

NOTE: Please remove the deleted vendor from any auto-inject PIC reports in the programs circled below:

- Parts Wholesale Compensation Report** (Job ID – IF)
- Service Drive Fill Rate Report** (Job ID – IS)
- Special Order Report** (Job ID – PO)
- MIA Report** (Job ID – MA)
- Online Transaction Journal** (Job ID – L1)

POWER Support Rep: _____

CMS Ticket number: _____

RSC: _____

I hereby authorize Reynolds & Reynolds to delete the PIC vendor(s) on this form. I assume all responsibility for the change.

Signature: _____ **Date:** _____

Name (Print): _____ **Title:** _____

Dealership Name: _____

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