

SCADA Legal and Regulatory Audit Program – Enrollment Form

Please provide the following information:

| Dealership Information | |
|---|--|
| Trade Name of Dealership | |
| Legal Name of Dealership Entity | |
| Physical Address of Dealership | |
| City, State, and ZIP Code | |
| Dealership Personnel Information | |
| Dealer Principal Full Name | |
| Dealer Principal Phone | |
| Dealer Principal Email | |
| General Manager Full Name | |
| General Manager Phone | |
| General Manager Email | |
| Office Manager Full Name | |
| Office Manager Phone | |
| Office Manager Email | |

Please return this form and a check for the enrollment fee of \$1,000 made payable to:

Haynsworth Sinkler Boyd, P.A.

Attn: Helen Harrington
1201 Main Street, 22nd Floor
Columbia, SC 29201

Once enrolled, HSB will send an engagement letter to the dealership at the address provided. Upon receipt of the signed engagement letter, HSB will send the dealership an LRA survey to complete.

The undersigned certifies that he/she is authorized to enroll this dealership in the SCADA LRA program.

| | |
|-----------------|-------|
| Signature: | <hr/> |
| Name (Printed): | <hr/> |
| Date: | <hr/> |