**AGENT AUTHORIZATION FORM**

If you are a resident of California and would like to designate an authorized agent to make a request to exercise your rights under the California Consumer Protection Act on your behalf, then please complete this form in its entirety and submit this form to ChiefValue.com, Inc. dba ABS Computer Technologies (“ABS”) at customercare@abs.com or by mail at 18045 Rowland Street, City of Industry, CA 91748. If any of the information is not provided in the form, then ABS may reject the form.

**Consumer Information**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Agent Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I designate the Authorized Agent listed above to make the following request(s), pursuant to the California Consumer Protection Act, on my behalf:

Please initial all that apply.

\_\_\_\_\_\_ Requests to opt-out of the sale of my personal information;

\_\_\_\_\_\_ Requests to access my personal information; and/or

\_\_\_\_\_\_ Requests to delete my personal information.

I agree that my Authorization is effective for the account or profile associated with my information listed above for one-year from the date of the execution of this Authorization (the “Execution Date”), unless an earlier termination date is provided below.

* Please list the termination date of this Authorization, if this Authorization expires earlier than one year from the Execution Date. Termination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that I have the right to terminate this Authorization at any time for any reason by submitting a written request to ABS at customercare@abs.com.

By submitting this form, I affirm that I am the Consumer whose name appears above and that the information provided in this form is true and accurate and I authorize the Authorized Agent to submit the requests indicated above to ABS on my behalf and authorize ABS to process such requests, which will be processed in accordance with the applicable laws and the [ABS Privacy Policy](https://www.abs.com/privacy-policy).

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Date Consumer’s Signature