



Third Party Authorization and Agreement for F&I Express eContracting



F&I EXPRESS

Dealership Name

Address

City

State

Zip Code

Phone

ADAM DMS Information

ADAM Third Party Authorization Form Completed

We authorize Superior Integrated Solutions INC. to have access via modem and/or network to our computer system for the purpose of doing work on our behalf. We agree that Superior Integrated Solutions INC. will not be held liable for any system related issues not directly related to the programming request. Information on our system is proprietary to us and will not be viewed and/or altered without our consent. Superior Integrated Solutions Inc. will have access to our system within the specified parameters of these agreement and all work requested will be our sole property and will not be removed and/or altered without our consent. Superior Integrated Solutions, Inc. will be using the software licensed by us for the sole purpose of this agreement. The undersigned acknowledges and agrees that by executing this Third Party Work Agreement it has read and agrees to the terms and conditions contained in the End User License Agreement, which is located at: http://www.4-superior.com/eula_licensing-agreementnew.pdf. The undersigned further acknowledges and agrees that the terms of said End User License Agreement are fully incorporated and included in this Third Party Work Agreement and are binding on the parties hereto.

Authorized Signature

Printed Name

Date

Dealership Contact Information

Title	Name	Phone	Email
F&I Director			
Business Office			
IT Manager			

Yes, I want the CompliPrice feature to meet my aftermarket compliance policies.

Agent Information

Agent Name	Email	Office Phone	Cell Phone

Aftermarket Providers Used

Provider	Dealer ID	Product(s)

Authorized F&I Express System Users

First Name	Last Name	Position	Email

Target Install Date: _____

Send completed form to newdealer@fandiexpress.com or 855-294-9584 (Fax)

F&I Express Dealer Desk: 1-855-364-3977 : Ext. 1



Dealership Name: _____

Address: _____

Contact Name: _____

Email: _____ **Phone:** _____

DMS: _____ **Est. Monthly Contract Volume:** _____

Agreement

_____ agrees to pay a one-time setup fee of \$199 per rooftop, due and payable upon execution of the agreement. _____ agrees to pay ITI a monthly service fee of \$99 per rooftop beginning the subsequent month the DMS integration was set up. ITI will send invoices on a monthly basis via email. The invoices shall be due and payable within 30 days of the invoice date.

Payment methods

We accept credit card, check, or ACH. You can pay via credit card by viewing the monthly emailed invoice and clicking on the pay now button. If you would like to pay via ACH, please reach out in a separate email to billing@fandiexpress.com and the form will be sent to you. ITI reserves the right to discontinue DMS integration if the account is in default.

Terms and Conditions

This agreement is a month-to-month agreement and can be cancelled when the party responsible for the monthly fee sends an email to billing@fandiexpress.com and request to be moved to standard integration. The last day to notify F&I Express so you will not be charged the following month is the 23rd of each month.

Contact and Billing Information

Party responsible for setup fee: _____

Name: _____ **Company:** _____

Address: _____ **Phone:** _____

Email: _____ **Invoices sent to:** _____

Signature _____ **Date:** _____

Party responsible for monthly fee: _____

Name: _____ **Company:** _____

Address: _____ **Phone:** _____

Email: _____ **Invoices sent to:** _____

Signature _____ **Date:** _____

ADAM Systems

30500 State Hwy 181, Suite 462
Spanish Fort, AL 36578
www.adamdms.com

Request to Share Customer DMS Data

Requesting Company Information

Company Name: Superior Integrated Solutions

Date:

Company Contact: John Sadofsky

Phone: 908-222-4020 x205

Contact Email: jsadofsky@4-superior.com

Purpose of Data Share:

Data Requested From DMS

Please select data type(s):

Please select data type delivery method:

<input checked="" type="checkbox"/> F&I / Sales	<input checked="" type="checkbox"/> API	<input type="checkbox"/> Batch	<input type="checkbox"/> Other
<input type="checkbox"/> Service	<input type="checkbox"/> API	<input type="checkbox"/> Batch	<input type="checkbox"/> Other
<input type="checkbox"/> Parts	<input type="checkbox"/> API	<input type="checkbox"/> Batch	<input type="checkbox"/> Other

Additional Comments:

Customer Information

Customer Name:

City & State:

Phone:

Primary Contact:

Contact Email:

Authorized Signature

Date

(Please scan/email completed form to adamapi@adamdms.com or fax to 251.626.6198.)

Internal

Case
Info: