



# Third Party Authorization and Agreement for F&I Express eContracting



F&I EXPRESS

**Dealership Name**

**Address**

**City**

**State**

**Zip Code**

**Phone**

## PBS DMS Information

**PBS 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](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](mailto: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](mailto: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](mailto: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 23<sup>rd</sup> 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:** \_\_\_\_\_



## Dealership Data Access Authorization

As representative of the Dealership named below, I hereby authorize PBS Systems Inc. to release customer and business related data via electronic transfer to the below names company.

Dealership Name \_\_\_\_\_

Dealership Code \_\_\_\_\_

Please complete the following information about the Company you are authorizing to access the dealership's confidential data:

Company Name      Superior Integrated Solutions  
 Contact             John Sadofsky  
 Phone                908.222.4020 x 205  
 Email                 [jsadofsky@4-superior.com](mailto:jsadofsky@4-superior.com)

### Data to be access via API

| PARTS                | Query                    | WriteBack                | Sales  | Query                               | WriteBack                |
|----------------------|--------------------------|--------------------------|--|-------------------------------------|--------------------------|
| -Invoice             | <input type="checkbox"/> | <input type="checkbox"/> | -Deal  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| -Inventory           | <input type="checkbox"/> | <input type="checkbox"/> | -Prospect                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| -Orders              | <input type="checkbox"/> | <input type="checkbox"/> | -List Sales (Parts or Sales)                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| -Receipt             | <input type="checkbox"/> | <input type="checkbox"/> | <b>Other</b>                                   | <b>Query</b>                        | <b>WriteBack</b>         |
| -Special Order Parts | <input type="checkbox"/> | <input type="checkbox"/> | -Employee                                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| -Parts Return        | <input type="checkbox"/> | <input type="checkbox"/> | Includes: Sales Rep, Parts & Service CSR, Tech |                                     |                          |
| -Parts Shipment      | <input type="checkbox"/> | <input type="checkbox"/> | -Contact – Includes Customer Info              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>SERVICE</b>       | <b>Query</b>             | <b>WriteBack</b>         | -Vehicle                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| -Appointments        | <input type="checkbox"/> | <input type="checkbox"/> |  |                                     |                          |
| -Repair Orders       | <input type="checkbox"/> | <input type="checkbox"/> |  |                                     |                          |
| -Op Codes            | <input type="checkbox"/> | <input type="checkbox"/> |  |                                     |                          |

\_\_\_\_\_  
 Authorized Dealership Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print/Type Name

Please return this completed form back to the vendor for submission to PBS