



Third Party Authorization and Agreement for F&I Express eContracting



F&I EXPRESS

Dealership Name

Address

City

State

Zip Code

Phone

Autosoft Flex DMS Information

Autosoft Flex 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:



Superior Integrated Solutions
Data Transfer
Authorization Form
 For Autosoft DMS Customers

Dealership Information

Dealership Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Email: _____
 Phone: _____ Fax: _____
 Autosoft Acct #: _____ 3rd Party Acct #: _____

Dealer requests data to be transferred to the following third-party vendor/company:

Vendor Name: Superior Integrated Solutions Contact Name: Customer Support
 Vendor Phone: 908-222-4020 Email: _____

Additional Program Information (If data will be sent to another vendor representing another program/product)

Program Name: _____ Contact Name: _____
 Phone: _____ Email: _____

Data Transactions Requested:

Activate	Cancel	Data Type	Method of Delivery	Data File Name	Years of Historical Data?	Sending Interval
<input type="checkbox"/>	<input type="checkbox"/>	Customer Information	Batch/FTP	SIS_Cust		Daily
<input type="checkbox"/>	<input type="checkbox"/>	Repair Order	Batch/FTP	SIS_RO	999 Days	Daily
<input type="checkbox"/>	<input type="checkbox"/>	Service Appointment	Batch/FTP	SIS_Appts		Daily
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Inventory	Batch/FTP	SIS_VI		Daily
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Sales	Batch/FTP	SIS_VS	999 Days	Daily
<input type="checkbox"/>	<input type="checkbox"/>	Customer Information	API	Customer Search – Get Customer	NA	As Requested
<input type="checkbox"/>	<input type="checkbox"/>	Customer Information	API	Customer Push – Send Customer	NA	As Requested
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Inventory	API	Inventory Search – Get Inventory	NA	As Requested
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Sales	API	RDR Search – Retrieve Deal	NA	As Requested
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Sales	API	RDR Push – Send Deal	NA	As Requested
<input type="checkbox"/>	<input type="checkbox"/>	Repair Order	API	Retrieve Repair Order	NA	As Requested
<input type="checkbox"/>	<input type="checkbox"/>	Repair Order	API	Send Repair Order	NA	As Requested
<input type="checkbox"/>	<input type="checkbox"/>	Customer Information	API	Retrieve Service Customer	NA	As Requested
<input type="checkbox"/>	<input type="checkbox"/>	Customer Information	API	Send Service Customer	NA	As Requested
<input type="checkbox"/>	<input type="checkbox"/>	Service Appointment	API	Retrieve Service Appointment	NA	As Requested
<input type="checkbox"/>	<input type="checkbox"/>	Service Appointment	API	Send Service Appointment	NA	As Requested

Acknowledgement

As an authorized representative of the dealership, my signature acknowledges an agreement between Superior Integrated Solutions and my dealership that permits Autosoft to transfer the specified data between my Autosoft FLEX DMS and the third party.

Authorization Signature _____ Date: _____
 Printed Name: _____ Title: _____

This acknowledgement gives Autosoft permission to transfer the specified information between Superior Integrated Solutions and your dealership. Please complete and sign the form and email it to orders@4-superior.com or fax 908-222-4030.