



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



F&I EXPRESS

Dealership Name		Address	
_____		_____	
City	State	Zip Code	Phone
_____	_____	_____	_____

Automate DMS Information

Automate 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: https://superiorintegratedsolutions.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: _____



THIRD PARTY REQUEST / AUTHORIZATION FORM

ALL SECTIONS ARE REQUIRED. Form MUST be signed and dated by Dealer Operator.

This process is to ensure that Auto/Mate has all necessary information in order to complete the Third Party set ups.

Please return **COMPLETED** form to **Attn: Third Party Administrators (Fax) 518-688-2481 / (Email) tpa@automate.com**

Requested Activation Date: _____

Dealership Information:

Name: _____ DBA Name (if applicable): _____
Street: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Dealer Company No.: _____ 3rd Party Dealer ID No.: _____
Contact Person: _____ Email: _____
Notes: _____

DEALER: To **DENY** this third-party request, please check the box at the left, sign, and date the form.

Extractor Information:

Extractor: _____ Superior Integrated Solutions Phone Number: (908) 222-4020 Ext. 204
Contact Person: _____ Mike Gabriele Email: _____ mgabriele@4-superior.com
Project / Program: _____ FI Express- Intersection Technologies Project / Program ID No.: _____

Type of request: **Open/Mate Bi-Directional Real-time Integration**

Integration Touch Points - Service:

Integration Touch Points - Sales:

Vehicle Inventory (OB)

Deals (OB)

Accessories (OB)

Fees (OB)

Lenders (OB)

Rebates (OB)

SalesPerson (OB)

OB = Outbound from Auto/Mate System, IB = Inbound from Superior Integrated Solutions

The undersigned authorizes the electronic exchange of data between the dealer and the above listed Third Party.

Dealer Operator: _____ Print Name: _____

(or authorized designate) signature

Date: _____ Print Title: _____