



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

		F&IE	xpress	eContracting				
Dealership Name:				Address:				
City:	State:			Zip Code:		Phone:		
		Autom	ate DM	IS Information				
☐ Automate Third Party A	Authorization Fo	orm Completed	l					
We authorize Superior Integrated Solt Superior Integrated Solutions INC. we to us and will not be viewed and/or al agreement and all work requested will software licensed by us for the sole pa agrees to the terms and conditions con The undersigned further acknowledge and are binding on the parties hereto.	ill not be held liable f tered without our con l be our sole property urpose of this agreem ntained in the End Us	for any system-relationsent. Superior Integrand will not be renent. The undersigner License Agreement Erms of said End U	ed issues no grated Solut noved and/o ed acknowled ent, which i Jser License	ot directly related to the tions Inc. will have acceed a altered without our coedges and agrees that by a located at: <a href="https://supee">https://supee</a> Agreement are fully in	programming reques ss to our system with insent. Superior Integ executing this Third criorintegratedsolutio	t. Information o in the specified rated Solutions, -Party Work Agns.com/eula_lice ded in this Third	n our system is proprietary parameters of these Inc. will be using the reement it has read and ensing-agreementnew.pdf.	
*Authorized Signature:		Printed Name:			Date:			
Dealership Contact Inform	nation							
Title		Name		Phon	e	Email		
*Owner/Principle, General Manager or Comptroller								
F&I Director								
Business Office								
IT Manager								
Agent Information								
Agent Name		Email		Office Phone		Cell Phone		
-	-							
Aftermarket Providers Us	sed							
Provider Provider	scu		Deal	er ID		Produ	ict(s)	
TTOTACT		Dealer ID						
Authorized F&I Express S The person designated below a Dealer principal understands t including the ability to set up a	as an administrate hat as an adminis		ividuals v	will have administra				
First Name Las		Name Tit		le/Position	Ema	il	Administrator	
Target Install Date:			<u> </u>					
* Required			*Aut	horized Signature (	Officer of the Co	mpany)	Date	

Send completed form to  $\underline{newdealer@fandiexpress.com}$ 



Dealership Name:	
Address:	
Contact Name:	
Email:	Phone:
DMS:	Est. Monthly Contract Volume:
Payment methods We accept credit card, check, or ACH. You can pay via credit clicking on the pay now button. If you would like to pay via to billing@fandiexpress.com and the form will be sent to you. integration if the account is in default.	ACH, please reach out in a separate email
Terms and Conditions This agreement is a month-to-month agreement and can be car fee sends an email to billing@fandiexpress.com and request to to notify F&I Express so you will not be charged the following r  Contact and Billing Information	o be moved to standard integration. The last day
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:



## 3rd party request/authorization

TO:			F	FROM:	The T	PA Team	
FAX:			ī	PAGES IN	CLUDIN	G COVER: 2	
PHON	IE:		[	DATE:			
RE:	Third Par	ty Request / Authoriz	ation (	CC:			
	URGENT	FOR REVIEW	PLEA	SE COMN	⁄IENT	X PLEASE REPLY	
•	COMMENT	S:					
						LERSHIP INFORMATION IS CORRECT.	
	•	·		•	_	form. The authorization form MUST	
be sign	ned and dated	l by a Dealer Operato	r before acce	ess can b	e set u	o. Please return completed form to:	
ATTN:	TPA Team (	Third Party Administr	ators)				
	Fax:	<b>518-640-0814</b> O	R <b>Email</b> :	tpa@a	utomat	<u>e.com</u>	
	Thank you for your cooperation!!!						
	Third Party Administrators ©						



## 3rd party request/authorization

ALL sections are required. Form MUST be signed and dated by Dealer Operator. Please return completed form to <a href="mailto:tpa@automate.com">tpa@automate.com</a> or fax 518-640-0814.

Dealership Information:  Name:			Requested Activation Date:					
			DBA Name	(if applica	ble):			
<b>c</b>		<b>~</b> .			State:	Zip Code:		
Phone:		AMPS [	Dealer Com	pany No.:				
Contact Person:								
Extractor Inform	nation:							
Extractor: Sup	erior Integrated Solution	ns	Phone Nu	ımber:	908-222-4020	Ext		
Contact Person:	John Sadofsky		Email:	orders@4	4-superior.com			
Project/Program:	FI Express	Project/Progra	ım ID No.:	51	3 <sup>rd</sup> Party Dealer	ID #:		
Open/N	Customer Information Vehicle Information Sales Information Deals Salespeople	<b>y</b> :						
The undersigned au	thorizes the electronic	exchange of da	ıta betwee	n the deal	er and the above T	hird Party.		
-		_						
(Or Authorized Desi			_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
Date:			Print Titl	e:				