



## Third Party Authorization and Agreement for

		F&I E	Express	eContracting	5				
Dealership Name:				Address:					
City:	State:			Zip Code:		]	Phone:		
	•	MP	K DMS	Information		•			
☐ Communication Mana	ager Installed ( <u>htt</u>	p://agent.4-suj	perior.com	n) User Name: fie	Password:	p@ssw	Ord)		
We authorize Superior Integrated S Superior Integrated Solutions INC. as and will not be viewed and/or al and all work requested will be our icensed by us for the sole purpose erms and conditions contained in t undersigned further acknowledges binding on the parties hereto.	will not be held liable faltered without our consesole property and will not this agreement. The table End User License Ag	for any syste- relat- nt. Superior Integr of be removed and undersigned ackno- greement, which is as of said End User	ed issues not rated Solution for altered wowledges and s located at: 1 r License Ag	directly related to the ns Inc. will have access ithout our consent. Sup- agrees that by executing https://superiorintegrate reement are fully incor	programming recovery to our system berior Integrate gethis Third-Padsolutions.com	equest. In within the d Solutior arty Work	formation on specified pa s, Inc. will be Agreement i ensing-agreer his Third-Par	our system is proprietary trameters of this agreement e using the software thas read and agrees to the nentnew.pdf The	
*Authorized Signature	e:	Prin	ted Nam	me: Date:					
Dealership Contact Info	ormation								
Title		Name		Phone			Email		
*Owner/Principle, Gener Manager or Comptrolle									
F&I Director									
Business Office									
IT Manager									
Agent Information									
Agent Name		Email		Office Phone			Cell Phone		
Aftermarket Providers Provide			Deal	er ID			Produ	ect(s)	
Authorized F&I Expres The person designated below Dealer principal understand including the ability to set u	w as an administrat s that as an adminis								
First Name Last		t Name Titl		le/Position		Email		Administrator	
Farget Install Date:				.1 . 10	(0.00	.1			
* Required			*Au	thorized Signature	(Ufficer of	the Con	ipany)	Date	

Send completed form to <a href="mailto:newdealer@fandiexpress.com">newdealer@fandiexpress.com</a>



Dealership Name:					
Address:					
Contact Name:					
Email:	Phone:				
DMS:	Est. Monthly Contract Volume:				
Jino.	Lat. Monthly Contract Volume.				
agreement agrees to pay ITI	tup fee of \$199, due and payable upon execution of the a monthly service fee of \$99 beginning the subsequent invoices on a monthly basis via email. The invoices shall e.				
	via credit card by viewing the monthly emailed invoice and pay via ACH, please reach out in a separate email to you. ITI reserves the right to discontinue DMS				
	an be cancelled when the party responsible for the monthly request to be moved to standard integration. The last day ollowing 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:				