

Third Party Authorization and Agreement for F&I Express eContracting

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 this 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
*Owner/Principle, General Manager or Comptroller			
F&I Director			
Business Office			
IT Manager			

Agent Information

Agent Name	Email	Office Phone	Cell Phone

Aftermarket Providers Used

Provider	Dealer ID	Product(s)

Authorized F&I Express System Users

The person designated below as an administrator is authorized to add users to the F&I Express Direct Platform on behalf of the Dealership. The Dealer principal understands that as an administrator, such individuals will have administrative rights on the F&I Express Direct Platform, including the ability to set up additional users.

First Name	Last Name	Title/Position	Email	Administrator
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Target Install Date: _____

* Required

* Authorized Signature (Officer of the Company)

Date

Send completed form to newdealer@fandiexpress.com
F&I Express Dealer Desk: 1-855-364-3977, Ext. 1



F&I EXPRESS

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: _____



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

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"/>	Other	Query	WriteBack
-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"/>
SERVICE	Query	WriteBack	-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