

# Dealertrack F&I Aftermarket Network Dealer Enrollment Forms

The following information must be completed in its entirety in order to process the enrollment of a new dealership. Enrollment Form should be used to add new users to existing accounts:

**Please send back the following:**

Completed Third Party Authorization and Agreement Forms

Dealertrack Billing Agreement - Only for DMS enrollment

Must provide one of the following:

Copy of the Dealer License

W9

Business License

Thank you.



**Third Party Authorization and Agreement for  
F&I Aftermarket Network eContracting**

<b>Dealership Name:</b>		<b>Address:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone:</b>

**Advent DMS Information**

<b>Server Name/ IP Address:</b>	<b>Store ID:</b>
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We authorize Intersection Technologies Inc. to have access via modem and/or network and/or menu to our computer system for the purpose of doing work on our behalf. We agree that Intersection Technologies 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. Intersection Technologies 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. Intersection Technologies 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: [www.dealertrack.com](http://www.dealertrack.com). The undersigned further acknowledges and agrees that the terms of said End 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 Dealertrack F&I Aftermarket Network System Users**

The person designated below as an administrator is authorized to add users to the F&I Aftermarket Network 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 Aftermarket Network Direct Platform, including the ability to set up additional users.

First Name	Last Name	Title/Position	Email	Administrator

Target Install Date	Authorized Signature (Officer of the Company)	Date

Send completed form to [newdealer@fandiexpress.com](mailto:newdealer@fandiexpress.com)  
**F&I Aftermarket Network Dealer Desk: 1-855-364-3977, Ext. 1**



**A D V E N T**  
R E S O U R C E S

# Superior Integrated Solutions

Phone: 888-923-8368 Fax: 310-241-0011

Email: [support@adventresources.com](mailto:support@adventresources.com)

This Form is used by your company to request an integration with Superior Integration Solutions. Your signature below indicates you agree to allow Advent Resources, Inc. to share your customer data with Superior Integrated Solutions. This completed form must be completed and returned before processing.

**Dealership Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Requester's Name (print):** \_\_\_\_\_

**Requester's Signature:** \_\_\_\_\_

**Title of Requester:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name of Integration:** \_\_\_\_\_

**Contact at 3rd Party:** \_\_\_\_\_

**Contact's Phone Number:** \_\_\_\_\_

**Comments:**

\_\_\_\_\_

## ADVENT USE ONLY

**Integration completion date:** \_\_\_\_\_

**Description of work done:** \_\_\_\_\_