

# 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>

**ADAM 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](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 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**

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

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

**Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**DMS:** \_\_\_\_\_ **Est. Monthly Contract Value:** \_\_\_\_\_

### Agreement

\_\_\_\_\_ agrees to pay a one-time setup fee of \$245 per rooftop, due and payable upon execution of the agreement. \_\_\_\_\_ agrees to pay Dealertrack F&I Aftermarket Network a monthly service fee of \$150 per rooftop beginning the subsequent month the DMS integration was set up. Dealertrack F&I Aftermarket Network 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@dealertrack.com](mailto:billing@dealertrack.com) and the form will be sent to you. Dealertrack F&I Aftermarket Network 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@dealertrack.com](mailto:billing@dealertrack.com) and request to be moved to standard integration. The last day to notify Dealertrack F&I Aftermarket Network so you will not be charged the following 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:** \_\_\_\_\_



# 3rd party request/authorization

**To:** \_\_\_\_\_ **From:** The TPA Team  
**Fax:** \_\_\_\_\_ **Pages Including Cover:** 2  
**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Re:** Third Party Request/Authorization **CC:** \_\_\_\_\_

Urgent                      For Review                      Please Comment                      Please Reply

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## Comments:

A Third Party is requesting access to your data. **PLEASE VERIFY ALL DEALERSHIP INFORMATION IS CORRECT.** Corrections to your dealership information can be made by editing the form. The authorization form **MUST** be signed and dated by a Dealer Operator before access can be set up. Please return completed form to:

**ATTN:** TPA Team (Third Party Administrators)

**Fax:** 518-640-0814    OR    **Email:** [tpa@automate.com](mailto:tpa@automate.com)

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 [tpa@automate.com](mailto:tpa@automate.com) or fax 518-640-0814.

**Dealership Information:** Requested Activation Date: \_\_\_\_\_

Name: \_\_\_\_\_ DBA Name (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ AMPS Dealer Company No.: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**Extractor Information:**

Extractor: Superior Integrated Solutions Phone: 908-222-4020

Contact Person: John Sadofsky Email: orders@4-superior.com

Project/Program: Dealertrack F&I Aftermarket Network

Project/Program ID No.: 51 3rd Party Dealer ID #: \_\_\_\_\_

**Open/Mate Outbound Only:**

**Customer Information:**

**Vehicle Information:**

**Sales Information:**

Deals:

Salespeople:

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

Dealer Operator: \_\_\_\_\_ Print Name: \_\_\_\_\_  
(Or Authorized Designate Signature)

Date: \_\_\_\_\_ Print Title: \_\_\_\_\_