

Third Party Authorization and Agreement for F&I Express eContracting

Dealership Name:		Address:		
City:	State:	Zip Code:	Phone:	
<u>Advent DMS Information</u>				
Server Name/ IP Address			Store ID	

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.fandiexpress.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 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"/>
				<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



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

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.

Dealer Name: _____

Billing 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:
