

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

Copy of the Dealer Licens

W9

Business License

Thank you.

1



Target Install Date



Date

Third Party Authorization and Agreement for

Dealership Name:			Address:			
City:	State:		Zip Code:		Phone:	
		ADAM DMS	Information			
Autoooft Flox Third Dorty Autho	rization For		mormation			
Autosoft Flex Third Party Autho		-	/			
We authorize Superior Integrated Solution We agree that Superior Integrated Solution our system is proprietary to us and weight in the specified parameters of these Superior Integrated Solutions, Inc. will be that by executing this Third Party Work Accated at: https://superiorintegratedsolutions.	ons INC. will ill not be view agreement are using the so Agreement it hutions.com/eu	not be held liable for any sized and/or altered without and all work requested will be oftware licensed by us for the read and agrees to the ula_licensing-agreementners.	ystem-related issues not dip our consent. Superior Integ se our sole property and wil he sole purpose of this agre terms and conditions cont w.pdf. The undersigned furt	rectly related rated Solution I not be removement. The usained in the Ether acknowle	to the programming request. Informating Inc. will have access to our system wed and/or altered without our consenundersigned acknowledges and agrees and User License Agreement, which is dges and agrees that the terms of said	
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	Email Office Phone		Cell Phone	
Aftermarket Providers Used						
Provider		Dealer ID		Product(s)		

the ability to set up additional users.

First Name	Last Name	Title/Position	Email	Administrator

Send completed form to newdealer@fandiexpress.com

F&I Aftermarket Network Dealer Desk: 1-855-364-3977, Ext. 1

FIE-1001NODMS (1015)

Authorized Signature (Officer of the Company)



Dealership Name:				
Address:				
Contact Name:				
Email:	Phone:			
DMS:	Est. Monthly Contract Value:			
Agreement				
agreement agrees to pay rooftop beginning the subsequent month the	e setup fee of \$245 per rooftop, due and payable upon execution of the y Dealertrack F&I Aftermarket Network a monthly service fee of \$150 per DMS integration was set up. Dealertrack F&I Aftermarket Network will send roices shall be due and payable within 30 days of the invoice date.			
Payment methods				
on the pay now button. If you would like to pa	an pay via credit card by viewing the monthly emailed invoice and clicking ay via ACH, please reach out in a separate email to billing@dealertrack.com F&I Aftermarket Network reserves the right to discontinue DMS integration if			
Terms and Conditions				
sends an email to billing@dealertrack.com and	ent and can be cancelled when the party responsible for the monthly fee d request to be moved to standard integration. The last day to notify 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:			



Data Transfer Authorization Dealertrack F&I Aftermarket Network—Superior Integrated Solutions Submitted by Motive Retail

ALL sections are required. Form MUST be signed and dated by Dealer Operator. Please return completed form to tpa@automate.com or fax 518-640-0814.

Customer (Dealers	hip) Information:					
Dealership Name:					Date	:
Street:		City:		_ State:	Zip (Code:
Contact:		!	Email:			
Phone:		I	Fax:			
Autosoft Acct #:						
Customer requests Authorized Recipie		nsfer Deal	ership Da	ta to the follo	wing	
Authorized Recipie	nt Name: Superior	r Integrated	Solutions			
Contact Name: Sup	perior Integrated So	olutions Ord	ders			
Authorized Recipie	nt Phone: 908-222	2-4020	En	nail: orders@4	-superic	or.com
Additional Program Authorized Recipie Contact Name: Dea	nt Name: Dealertralertrack F&I Afterm	ack F&I Aft narket Netv	ermarket N vork	letwork	J	
Authorized Recipie Dealership Data Tra			Email: pr	oduction.subs	scription	@coxautoinc.com
Activate	Data Type	Method	of Delivery	Data File Na	ıme	Sending Interval
	Vehicle Sales	,	API	GET Deal - Retrie	ve Deal	As Requested
Customer hereby acknotosoftdms.Com/data-trasoftdms.Com/termsandby, all the provisions of therein by this reference.	nsfer-terms/ (the " DAT conditions/ (the " TERN	TA TRANSFE	R TERMS") a	and the TERMS (mer agrees to, ar	OF SERVION of intends	CE found here auto- to be legally bound
Customer Signatur	e:		D)ate:		
Printed Name:			P	rint Title:		