

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

Dealership Name:			Address:	Address:		
City:	State:		Zip Code:		Phone:	
		Arkona DMS	Information			
Enterprise Code		Company Number		Server		
We authorize Superior Integrated Solu We agree that Superior Integrated Solution our system is proprietary to us and within the specified parameters of the Superior Integrated Solutions, Inc. will hat by executing this Third Party World pocated at: https://superiorintegrateds End User License Agreement are fully	utions INC. will will not be view se agreement at be using the so Agreement it holutions.com/eu	not be held liable for any s yed and/or altered without nd all work requested will l oftware licensed by us for t has read and agrees to the ula_licensing-agreementne	ystem related issues not dir our consent. Superior Integroe oe our sole property and will the sole purpose of this agre terms and conditions conta w.pdf. The undersigned furt	ectly related to rated Solutions I not be remove ement. The unined in the Encher acknowledge	the programming request. Informatic Inc. will have access to our system ad and/or altered without our consent dersigned acknowledges and agrees I User License Agreement, which is ges and agrees that the terms of said	
Authorized Signature:		Printed Name:		Date:		
Dealership Contact Information	on					
Title	Name		Phone		Email	
Owner/Principle, General Manager or Comptroller						
F&I Director						
Business Office						
IT Manager						
A want Information						
Agent Information Agent Name		Email Office Phon		ne Cell Phone		
Agent Name		Linuii	Office I fion		Och i none	
				I_		
Aftermarket Providers Used Provider		Doo	law ID		Due duet(e)	
Provider		Dealer ID		Product(s)		
Authorized Dealertrack F&I At The person designated below as an ac Dealer principal understands that as a he ability to set up additional users.	dministrator is a	uthorized to add users to	the F&I Aftermarket Network		·	
First Name Last Na		ame Title/Position		Ema	il Administrator	
i ii St Hallie	Last No		ao, r osition	Lilla	Administrator	
					I	

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

Target Install Date

Authorized Signature (Officer of the Company)

Date