

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



Date

Third Party Authorization and Agreement for

F&I Aftermarket Network eContracting

Address:

Dealership Name:

Target Install Date

City:	State:	Zip Code:	Phone:	Phone:	
Dealership Contact Information	•				
Title	Name	Pho	ne	Email	
Owner/Principle, General Manager or Comptroller					
F&I Director					
Business Office					
IT Manager					
Agent Information		000			
Agent Name	Email	Office F	hone	Cell Phone	
Aftermarket Providers Used					
Provider		Dealer ID	Prod	uct(s)	
Authorized Dealertrack F&I After			· = · · = · · · · · · · · · · · · · · ·		
The person designated below as an adn Dealer principal understands that as an					
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

Authorized Signature (Officer of the Company)