

Third Party Authorization and Agreement for F&I Express eContracting

Dealership Name:		Address:		
City:	State:	Zip Code:	Phone:	

Autosoft Flex DMS Information

Autosoft Flex 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. 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 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"/>

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



Dealership Name:

Address:

Contact Name:

Email:

Phone:

DMS:

Est. Monthly Contract Volume:

Agreement

_____ agrees to pay a one-time setup fee of \$199 per rooftop, due and payable upon execution of the agreement. _____ agrees to pay ITI a monthly service fee of \$99 per rooftop beginning the subsequent month the DMS integration was set up. ITI 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@fandiexpress.com and the form will be sent to you. ITI 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@fandiexpress.com and request to be moved to standard integration. The last day to notify F&I Express so you 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

F&I Express – Superior Integrated Solutions

Submitted by Motive Retail

Customer (Dealership) Information:

Dealership Name _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Email: _____
Phone: _____ Fax: _____
Autosoft Acct #: _____

Customer requests that Autosoft transfer Dealership Data to the following Authorized Recipient:

Authorized Recipient Name: Superior Integrated Solutions Contact Name: Superior Integrated Solutions Orders
Authorized Recipient Phone: 908-222-4020 Email: orders@4-superior.com

Additional Program Information (if data will be sent to another vendor representing another program/product)

Authorized Recipient Name: FI Express Contact Name: FI Express Orders
Authorized Recipient Phone: 855-364-3977 Email: production.subscription@coxautoinc.com

Dealership Data Transfer Requested:

Activate	Data Type	Method of Delivery	Data File Name	Sending Interval
<input type="checkbox"/>	Vehicle Sales	API	GET Deal - Retrieve Deal	As Requested

CUSTOMER HEREBY ACKNOWLEDGES THAT CUSTOMER HAS READ AND UNDERSTOOD THE DATA TRANSFER TERMS FOUND HERE AUTOSOFTDMS.COM/DATA-TRANSFER-TERMS/ (THE "DATA TRANSFER TERMS") AND THE TERMS OF SERVICE FOUND HERE AUTOSOFTDMS.COM/TERMSANDCONDITIONS/ (THE "TERMS OF SERVICE"). CUSTOMER AGREES TO, AND INTENDS TO BE LEGALLY BOUND BY, ALL THE PROVISIONS OF THE DATA TRANSFER TERMS AND THE TERMS OF SERVICE, BOTH OF WHICH ARE INCORPORATED HEREIN BY THIS REFERENCE.

Customer Signature: _____ Date: _____
Printed Name: _____ Title: _____

Please complete, sign and return the form to Superior Integrated Solutions via email to orders@4-superior.com.