



**Third Party Authorization and Agreement for
F&I Express eContracting**

Express Aftermarket
by F&I Express

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

<u>Advent DMS Information</u>	
Server Name / IP Adress	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
F&I Director			
Business Office			
IT Manager			

<input type="checkbox"/>	Yes, I want the CompliPrice feature to meet my aftermarket compliance policies.
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Agent Information

Agent Name	Email	Office Phone	Cell Phone

Aftermarket Providers Used

Provider	Dealer ID	Product(s)

Authorized F&I Express System Users

Name	Position	Advent User Name	Email

Target Install Date: _____

Send completed form to newdealer@fandiexpress.com or 855-294-9584 (Fax)

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:
