



# 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](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
F&I Director			
Business Office			
IT Manager			

**Yes, I want the CompliPrice feature to meet my aftermarket compliance policies.**

## **Agent Information**

Agent Name	Email	Office Phone	Cell Phone

## **Aftermarket Providers Used**

Provider	Dealer ID	Product(s)

## **Authorized F&I Express System Users**

First Name	Last Name	Position	Email

**Target Install Date:** \_\_\_\_\_

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

**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](mailto: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](mailto: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 23<sup>rd</sup> 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/](http://AUTOSOFTDMS.COM/DATA-TRANSFER-TERMS/) (THE "DATA TRANSFER TERMS") AND THE TERMS OF SERVICE FOUND HERE [AUTOSOFTDMS.COM/TERMSANDCONDITIONS/](http://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](mailto:orders@4-superior.com).