

DMS IMPORT ENROLLMENT

Please fax this completed form to the attention of **Inside Sales** at: **860.326.2712**.

Please mail the original to: **DealerTrack/GSS | 115 Poheganut Drive, Suite 201 | Groton, CT 06340**

Once we have received this completed form, a DealerTrack/GSS representative will be calling your DMS Administrator to verify information and set up DMS Import. If you have any questions filling out this form, please call support at 800.374.4771.

CUSTOMER INFORMATION

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Email: _____

Please list the product(s) (OLRS, RegUSA, etc.) you'll be using DMS Import for: _____

Name of In-House DMS Administrator: _____

DMS Admin Phone: _____ DMS Admin Email: _____

DMS SETUP

If you use ADP or R&R as your DMS provider, please check the appropriate box and provide all requested information. For all other DMS providers, please check "Other" and list your DMS vendor. A DealerTrack/GSS representative will contact you directly to determine how to set up DMS Import for your specific vendor.

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| <input type="checkbox"/> ADP <ul style="list-style-type: none"> requires single-user access for LF (list fields) to ENG and TCL access to all -FIs (ex., Ford-FI, VW-FI, etc.) you will be importing from. Please list: _____ _____ | <p>Please ask your DMS Administrator to provide the following:</p> <p>DMS Server IP: _____ Dialup Access No: _____</p> <p>DealerTrack/GSS DMS Account Credentials:</p> <p>User Name: _____ Password: _____</p> |
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| <input type="checkbox"/> R&R <ul style="list-style-type: none"> requires single-user access to 7601 and 7602 Please list all store numbers you will be importing from (ex., Ford-3, VW-4, etc.): _____ _____ | <p>Please ask your DMS Administrator to provide the following:</p> <p>DMS Server IP: _____</p> <p>DealerTrack/GSS DMS Account Credentials:</p> <p>User Name: _____ Password: _____</p> |
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| <input type="checkbox"/> Other _____ |
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The person signing represents that he or she is an authorized representative of Customer.

CUSTOMER AUTHORIZATION

(Signature of Authorized Representative)

(Date)

(Printed Name)

(Title)