

Dealertrack ID: _____

ALL required data on these 4 pages MUST be completed prior to contract processing. Please email completed agreement back to iDealSISIntegration@coxautoinc.com

The information gathered below enables the timely and efficient implementation and training

- | | |
|--|--|
| | 1. Confirmed Product Selection is completed on the Contract. |
| | 2. Confirmed DMS Integration account ID is completed. |

| Dealership Contacts | Name | Title/Position | Phone / Ext | Cell Phone (Req'd for Dealer Advocate) | Email address |
|--------------------------------|------|----------------|-------------|---|---------------|
| Dealer Information Owner (DIO) | | | | | |
| IT Administrator Personnel | | | | | |

Dealership Personnel to be trained: (Required)

| Name (Required) | Title (Required) | Phone/Ext | email Address | Product (Required) |
|-----------------|------------------|-----------|---------------|--------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

READ THIS CAREFULLY– Unless otherwise mutually agreed by the Parties in a separate written agreement, your use of the Cox Products selected in this Order Form is governed by the Cox Automotive Master Subscription Terms and the Additional Product Terms for each Cox Product selected. The Master Subscription Terms and the Additional Product Terms ("Terms") are located at <http://us.dealertrack.com/content/dealertrack/en/legal/legal-resources.html>. By signing this Order Form, each entity listed herein (each a "Customer") agrees to be bound by the Terms with respect to the Cox Products indicated for the term(s) and fees indicated. You should carefully review the Terms. Upon signing by a duly authorized representative of Dealertrack, the Terms constitute a binding agreement, effective as of the date you sign this Order Form (the "Effective Date"). Except as otherwise defined herein, all capitalized terms used in this Order Form have the meanings attributed to them in the Terms.

Sales Representative for Dealertrack, Inc. Name: _____ Telephone: _____

Legal Company Name ("Dealer"): _____ DIO Name: _____
Dealertrack ID*: _____

Address: _____

Billing Address (if different from above): _____
* If more than 3 DT IDs or if all stores are not subscribing to the same product(s), Schedule A must be attached with details.
Each Dealer will be billed separately unless otherwise specified.

Telephone _____

Except as otherwise defined herein, all capitalized terms used in this Order Form shall have the meanings attributed to them in the Terms.

The "Initial Term" for each Licensed Product shall be for 1 month commencing on the Activation Date for such Licensed Product(s). The Term for each Licensed Product shall automatically renew as provided in the Terms.

| FEE SCHEDULE | | | | | |
|--------------|---|-----------------|---------|----------|---------|
| | PRODUCTS | FEES PER DEALER | | TOTALS | |
| | | One-Time | Monthly | One-Time | Monthly |
| X | (DealerBuilt) iDeal Contracting Monthly Data Integration Surcharge | \$100 | \$120 | | |

Dealertrack, Inc.
By (signature): _____
Printed Name: _____
Title: _____

Dealer(s) Date Signed: _____
By (signature): _____
Printed Name: _____
Title: _____

COMPLETE/SIGN

GENERAL TERMS (applicable to all Licensed Products)

| | |
|---|--|
| <p>Payment Options (Please check one):</p> | <p><input type="checkbox"/> By Checking Account Debit: By checking this box, you acknowledge that you are authorized by Dealer to provide banking information of Dealer to Dealertrack. Dealer hereby authorizes Dealertrack to initiate debit entries on such account for the fees in accordance with the terms hereof. In the event that Dealertrack erroneously debits funds from such account, Dealer authorizes Dealertrack to credit Dealer’s account for an amount not to exceed the erroneous debit.</p> <p align="center">ABA / Routing Number: _____ Checking Account Number: _____</p> <p><input type="checkbox"/> By Check (One Pay): By checking this box, you agree to pay all One-Time Fees and Monthly Fees for the Initial Term for each Licensed Product and Signature Pad Fees, if any, upfront by check, upon receipt of invoice. In the event Dealertrack terminates the PCA prior to its expiration, Dealer shall be entitled to a <i>pro rata</i> refund of any unearned Monthly Fees.</p> <p><input type="checkbox"/> By Check (Periodic Pay): By checking this box, you agree to pay all fees when payable pursuant to the terms hereof, by check, as invoiced by Dealertrack.</p> |
| <p>Monthly Fees:</p> | <p>Dealer shall pay all Monthly Fees noted on the Fee Schedule plus applicable sales tax during each month of the Term, payable on the first day of the month.</p> |
| <p>One-Time Fees:</p> | <p>Dealer shall pay all One-Time Fees noted on the Fee Schedule plus applicable sales tax, payable on the first day of the month following the Activation Date for the applicable Licensed Product. All One-Time Fees are nonrefundable.</p> |

ADDITIONAL INFORMATION APPLICABLE TO iDeal Integration

| | | |
|--|---|---|
| <p>Additional Terms:</p> | <p>*For any DMS integration you must select the monthly data integration surcharge to coincide with your contracting agreement.</p> <p>In California and Michigan, a color printer is required.</p> | |
| <p>Please select DMS Provider</p> | | |
| <p align="center">X</p> | <p>DealerBuilt</p> | <p>Account: _____ (same as Dealertrack ID)</p> |

SCHEDULE B
VENDOR AUTHORIZATION FORM

This Vendor Authorization Form (VAF) is to be completed by the Vendor and then electronically executed by the Vendor, Dealership's Authorized party, and lastly by DealerBuilt. One form is required per store rooftop location for each Vendor. The recipient of this form agrees to use its best efforts to prevent and protect the Confidential Information, or any part thereof from disclosure to any person other than recipients' employees having a need for disclosure in connection with authorized use of the Confidential Information. Send to support.int@dealerbuilt.com.

Vendor

| | |
|--------------|---|
| Vendor Name | Superior Integrated Solutions / Dealertrack UniFI |
| Address | 2147 NJ-27 Edison, NJ 08817 |
| Phone Number | 908-222-4020 |
| Email | jsadofsky@4-superior.com |

| | | | |
|---|---|--|---|
| Data Access | Service | Parts | Vehicles |
| <input checked="" type="checkbox"/> On-Demand (API) | <input checked="" type="checkbox"/> Repair Orders | <input checked="" type="checkbox"/> Parts Sales | <input checked="" type="checkbox"/> Vehicle Inventory |
| <input type="checkbox"/> Periodic/Historical Export | <input checked="" type="checkbox"/> Service | <input checked="" type="checkbox"/> Parts Inventory | |
| <input type="checkbox"/> Individual Integration | <input checked="" type="checkbox"/> Appointments | | |
| | <input type="checkbox"/> Support | | |
| | Deals | Customer | Accounting |
| | <input checked="" type="checkbox"/> Deals | <input checked="" type="checkbox"/> Customer Objects | <input type="checkbox"/> Accounting Objects |

Export Credentials

| | |
|----------|--|
| Host | |
| Path | |
| Username | |
| Password | |

| File Name | Frequency | Historical? | Indicate span |
|-----------|-----------|-------------|---------------|
| | | | |
| | | | |
| | | | |

Start Date

| | |
|------------|--|
| Start Date | |
|------------|--|

Dealership

| | |
|--------------------|-------------------|
| Name | |
| Address | |
| Contact Name | |
| Phone Number | |
| Email | |
| Vendor Solution(s) | Dealertrack uniFI |

Acknowledged by (Vendor)

| | |
|------------|----------------------------|
| Signature | John Sadofsky |
| Print Name | John Sadofsky |
| Title | Business Relations Manager |
| Date | |

Authorized by (Dealership)

| | |
|------------|--|
| Signature | |
| Print Name | |
| Title | |
| Date | |

Accepted by (DealerBuilt)

| | |
|------------|-----------------------------|
| Signature | |
| Print Name | Michael Wilson |
| Title | CFO |
| Email | Mike.Wilson@DealerBuilt.com |
| Date | |