

ProQuotes, Inc.

800-456-5178

www.ProQuotes.net

ADP ALLIANCE

Standard Request Authorization

Dealer Name: _____ Date: _____

Address _____

Contact: _____ Voice Phone: (____) _____

Position: _____ Facsimile: (____) _____

Standard forms and reports are \$105.00 each. (Initial order qualifies for new customer discount of \$85.00)

ADP Alliance User ID _____ Upper Case Lower Case

ADP Alliance Password _____ Upper Case Lower Case

By signing below, you state that;

- 1. You have the authority to make this request,**
- 2. The access issued is valid,**
- 3. You authorize ProQuotes to access your system for the purpose of programming the above[form(s)/report(s)],**
- 4. You authorize ProQuotes to contact you via telephone, fax and email.**

Signature: _____ Date: _____

Printed Name: _____ Title: _____

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Fax back to: (619) 444-8852

Attention: Phil Mooney