



ADP Forms Request

Dealership Information

Dealership Name: _____

Address: _____

City: _____

State: _____

Zip _____

Dealer Contact: _____

Phone: _____

eMail: _____

Fax: _____

Initial form order \$85. per form. Standard forms are \$105.00 each. Form orders of 6 or more at one time are always discounted to \$85.00. Fix forms are \$55.00

DMS Connection Info

DMS Type: ADP Elite

Access Required: UF TRM/ENG, BF, MV, FI, SU, LF

Primary Modem: _____ Secondary Modem: _____

DMS UserID: _____ DMS Password: _____

If VPN Connection, Please Provide:

VPN Type (ie. CISCO/Nortel) _____ VPN IP: _____

Group Name: _____ Group Password: _____

Client User Authorization:

User ID: _____ Password: _____

DMS System Access:

DMS IP Address: _____

The above access allows ProQuotes to access the computer data files and download the information requested. ProQuotes agrees to hold all information confidential and to release downloaded information directly to requesting dealership or company designated by the dealership. By signing this form, you state that you have the authority to make this request and you authorize ProQuotes to access your system for the above purpose. ProQuotes Inc. and ProQuotes Data, Inc. are not affiliated with nor affiliated with nor endorsed by any of the above mentioned Data Management Systems (DMS) specifically including ADP and Reynolds. ProQuotes companies are separate entities providing a variety of high quality services for automobile dealerships.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Fax to Phil Mooney at 619-444-8852
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