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Standard Request Authorization

- Dealership Information -

Dealership: _____ Store: _____
Address: _____
City: _____ State/Prov: _____ Zip/Postal Code: _____
Contact: _____ Title: _____
Phone: (_____) _____ Fax: (_____) _____ E-Mail: _____

- Access Required -

Please contact your ProQuotes technician to determine which areas we need to access.

- DMS Credentials (REQUIRED) -

DMS User ID/Login: _____
DMS Password: _____
DT Server ID (1-6): _____
(if known)

*The above access allows ProQuotes to access the DMS for the purpose of extracting data. ProQuotes agrees to hold all information confidential and to release downloaded information directly to requesting dealership or representative designated by the dealership only. **By signing below, you state that you have the authority to make this request for the dealership, the access issued is valid, and you authorize ProQuotes to access your system for the aforementioned purpose.***

Signature: _____ Date: _____
Printed Name: _____ Title: _____