

# Form AFWC1050



## MasterTech Online User Access Authorization

Dealership Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address\*: \_\_\_\_\_

### Authorized Personnel

Authorization Level*	First Name*	Last Name*	Position/Title*	E-Mail Address*

\*Required

#### **Authorization Level**

**Level 1** – Contract Lookup, Verify Coverage, & Claim Lookup (for Service Advisors, Consultants, and Service Managers)

**Level 2** – Level 1 plus Cancel Quote (for Office Staff, Business Managers/F&I Managers, and Sales Managers)

**Level 3** – Level 1 & 2 plus Dealer Statements (for Office Manager, Comptroller/Controller, CFO, and Dealer)

By signing this authorization, you are hereby acknowledging that American Financial Warranty Corporation and their partners may grant access to your data to the above listed individuals. Further, it is your (the Dealer's) responsibility, to notify us, in writing, of any changes that need to be made to the persons who are allowed access to your data.

I, representative for \_\_\_\_\_, authorize the individuals listed above to have access to the dealer's data.

Dealer/Officer Signature: \_\_\_\_\_

Dealer/Officer Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax the completed form to 832.813.0538 or email to [MasterTech@AFASinc.com](mailto:MasterTech@AFASinc.com).

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