

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com

Sales and Support: 913-825-6124

Invoice For

Colorado Chrysler Jeep (4168)

Invoice Number:OP#-00199115 Salesperson: Phil Dixon Jr Date Created: 8/8/2012

Products

Product	Description	Quantity	List Price	Total Price
Data Integration - Upgrade	Upgrade to enhanced data integration. When applicable, publishes Vehicle Inventory, F&I Deal History (preload up to 5 years of history), Repair Orders (preload up to 2 years of history), Insert/Update/Search Customer, Insert/Update/Search Service Vehicle, and pushes F&I Deals in real time.	1.0	\$149.00	\$149.00
CRM Customer Push	Pushes customer information to DMS.	1.0	\$329.00	\$180.00
Drivers License Scanner	Automatically uploads customer's information	1.0	\$999.00	\$799.00
CRM Customer Push onetime fee	Onetime fee to establish CRM Customer Push.	1.0	\$329.00	\$329.00
Data Integration - Upgrade onetime fee	Onetime fee for upgrading to enhanced Data Integration.	1.0	\$299.00	\$299.00
Credit - AutoTrader Family Discount	Onetime fee AutoTrader Family discount.	1.0	\$0.00	(\$299.00)
*this invoice does not replace or supersede current billing			Products/One Time: Monthly Recurring: One Time Shipping:	
		Total Du	e Now:	\$1,472.00
☐ Check By Fax ☐	One Time ACH ☐ One Time C	Credit Card	Authorizatio	on
Signature			Date	







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VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 (P) 913-825-6300 (F) 617-904-1618

Payment Authorization

The undersigned customer hereby authorizes VinSolutions, LLC to charge said account on our behalf. If selecting the Check by Fax option, we authorize VinSolutions to submit all pertinent information from this check to our bank for payment as check, and we understand that we are not required to submit the check to VinSolutions.

ONE	TIME	AUTHO	RIZATION
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ACCOUNT HOLDE	R INFORMATION		
Account Owners Na	ne:		VinSolutions Account Number: 4168
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	t-00199115		Dollar Amount: \$1,472.00
Credit Card Pa	ayment FORMATION		
CKEDII CAKD INF			Visa Mastercard AmEx - Please circle one
Cardholder Name:			Expiration Date:

CHECK BY FAX INFORMATION (ACTUAL CHECK	
MUST ACCOMPANY THIS FORM) DO NOT MAIL	
Bank Name:	Bank Phone:
Name on Bank Acct:	Check Number:
Bank Routing Number:	Checking Account Number:

ACH (Electronic Debit)

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ACH (ELECTRONIC DEBIT) (VOIDED CHECK MUST	
ACCOMPANY THIS FORM)	
Bank Name:	Bank Phone:
Name on Bank Acct:	
Bank Routing Number:	
Checking Account Number:	

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: