

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Don Mealey's Sport Mazda (4228)

Agreement Number:OP#-00287076 Salesperson: James Campbell Date Created: 6/21/2013

Products

Product	Description	Qty.	List Price	Sales Price
Desking Module ala carte	Push deals to your DMS, Dealer Track and Route One. Print deals and forms.	1.0	\$999.00	\$452.00
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
AIS Rebates - Desking Integration	Third party vendor, - incentive integration into Desking module.	1.0	\$199.00	\$199.00
Data Integration - Upgrade onetime fee	Onetime fee for upgrading to enhanced Data Integration	. 1.0	\$299.00	\$299.00
Launch Coordinator	Launch coordinator ensures smooth transition to MotoSnap.	1.0		
Trainer - One Day	One day of on-site training with one trainer. All travel expenses paid by dealer.	1.0		
AIS Rebates - Desking integration onetime fee	Onetime fee for AIS Rebates - incentive integration into Desking module	1.0	\$199.00	
Desking module ala carte onetime fee	Onetime fee for Advanced Desking. Includes an additional training day.	1.0	\$1,999.00	(\$299.00)

Total Monthly Recurring:	\$800.00
Total Now Due:	\$800.00
Monthly Recurring:	\$800.00
One Time Sales Tax:	\$0.00
One Time Shipping:	\$0.00
Products/One Time:	\$0.00

^{*}Taxes are subject to state and local regulations and are subject to change

^{*}Does not include Dealer-paid Travel Expenses related to onsite training

^{*}this invoice does not replace or supersede current billing

Signature			Date
☐ Check By Fax	☐ One Time ACH	☐ One Time Credit Card A	Authorization

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6405 Metcalf Ave. Suite 400

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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	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 4228	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00287076			Dollar Amount: \$800.00	

Credit Card Payment

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

Check by Fax

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)

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: