

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

Sales and Support: 913-825-6124

Invoice For

# Gates GMC Buick Nissan (992)

Invoice Number:OP#-00201213 Salesperson: Jeremy Bravard Date Created: 6/26/2012

#### **Products**

Product	Description	Quantity	List Price	Total Price
Desking Module ala carte	Push deals to your DMS, Dealer Track and Route One. Print deals and forms.	1.0	\$999.00	\$462.00
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
Desking module ala carte onetime fee	Onetime fee for Advanced Desking.	1.0	\$999.00	\$201.00
AIS Rebates - Desking integration onetime fee	Onetime fee for AIS Rebates - incentive integration into Desking module	1.0	\$199.00	\$199.00
Launch Coordinator	Launch coordinator ensures smooth transition to MotoSnap.	1.0	\$0.00	\$0.00
*this invoice does not replace or sup	Products/One Time: Monthly Recurring: One Time Shipping: Total Due Now:		\$699.00 \$810.00 \$0.00 <b>\$1,509.00</b>	
☐ Check By Fax	☐ One Time ACH ☐ One Time C			,

Signature Date

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## **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
		/ <b>N N</b> / <b>H H H N</b>	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

ONE TIME	AUTHORIZA	TION	
ACCOUNT HOLDER	R INFORMATION		
Account Owners Name:			VinSolutions Account Number: 992
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00201213		Dollar Amount: \$1,509.00
Credit Card Pa	yment		
CREDIT CARD INFO	ORMATION		
Cardholder Name:			Visa Mastercard AmEx - Please circle one

### Check by Fax

Card Number:

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:

Expiration Date:

### **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: