

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

Sales and Support: 913-825-6124

Invoice For

Taylor Hyundai (5659)

Invoice Number: OP#-00193188

Salesperson: Dominic Scalise Date Created: 10/19/2012

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
ILM Ala Carte	Internet Lead Management system manages all incoming internet leads. Includes: VinBrochure, reverse look-up, spam assassin and bad lead rejection. Includes mobile application for smart phones. 1.0 \$899.00 \$557.00			\$36.21	
Inventory Light	Limited inventory gallery, view inventory with	h ILM 1.0	\$0.00	\$0.00	\$0.00
Data Integration	Data integration with dealer's DMS. Publishes Inventory, F&I Deal History and Repair Order applicable.		\$99.00	\$99.00	\$6.44
Email Banner	Email Banner	1.0	\$0.00	\$0.00	\$0.00
Email Hosting	Hosting of dealers' email.		\$0.00	\$0.00	\$0.00
ILM ala carte onetime fee	Onetime fee for ILM	1.0	\$899.00	\$457.00	\$29.71
Data Integration - onetime fee	Onetime fee for data integration with dealer's DMS. Publishes Vehicle Inventory, F&I Deal History and 1.0 \$199.00 \$199.00 Repair Orders when applicable.			\$199.00	\$12.94
Email Banner onetime fee	Creation of Email Banner	1.0	\$0.00	\$0.00	\$0.00
Email Hosting onetime fee	Email hosting for dealer 1.0 \$0.00			\$0.00	\$0.00
Inventory Light onetime fee	Onetime fee for limited inventory gallery, view inventory with ILM	w 1.0	\$0.00	\$0.00	\$0.00
Products/One Time: Monthly Recurring: One Time Shipping: Sales Tax:					\$656.00 \$656.00 \$0.00 \$85.30
	Tota	l Now Due:			\$1,397.30
☐ Check By Fax	☐ One Time ACH ☐ One	☐ One Time Credit Card Authorization			
Signature			Da	te	







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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.

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ONE TIME AUTHORIZATION					
ACCOUNT HOLDER	R INFORMATION				
Account Owners Nam	ne:		VinSolutions Account Number: 5659		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-	-00193188		Dollar Amount: \$1,312.00		
Credit Card Pa	yment				
CREDIT CARD INFO	ORMATION				
Cardholder Name:			Visa Mastercard AmEx - Please circle one		

Check by Fax

Card Number:

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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: