

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Seymour Ford Lincoln (7011)

Agreement Number:OP#-00316510 Salesperson: Soren Blair Date Created: 11/13/2013

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
ILM	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.		\$799.00	\$550.00	\$33.00
Data Integration	Data integration with dealer's DMS. Publishes Vehicle Inventory, F&I Deal History and Repair Orders when applicable.	1.0	\$99.00	\$99.00	
ILM Ala Carte Package	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			
Inventory Light	Limited inventory gallery, view inventory with ILM	1.0			
ILM onetime fee	Onetime fee for ILM	1.0	\$799.00	\$479.56	
Data Integration - onetime fee	Onetime fee for data integration with dealer's DMS. Publishes Vehicle Inventory, F&I Deal History and Repair Orders when applicable.	1.0	\$199.00	\$119.44	
Email Banner	Email Banner	1.0	\$199.00		
Launch Coordinator	Launch coordinator ensures smooth transition to MotoSnap.	1.0			
Launch Coordinator	Launch coordinator ensures smooth transition to MotoSnap.	1.0			

Total Monthly Recurring:	\$682.00
Total Now Due:	\$1,281.00
Monthly Recurring Sales Tax:	\$33.00
Monthly Recurring:	\$649.00
One Time Sales Tax:	\$0.00
One Time Shipping:	\$0.00
Products/One Time:	\$599.00

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

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

☐ Check By Fax	☐ One Time ACH	☐ One Time Credit Card A	Authorization
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.

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Account Owners Name:			VinSolutions Account Number: 7011
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00	316510		Dollar Amount: \$1,281.00

CREDIT CARD INFORMATION		
	Cardholder Name:	Visa Mastercard AmEx - Please circle one
ĺ	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: