

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

Sales and Support: 913-825-6124

Invoice For

Baxter Chrysler Jeep Dodge (5608)

Invoice Number:OP#-00233111 Salesperson: Phil Dixon Jr Date Created: 12/12/2012

Products

Product	Description	Qty.	List Price	Sales Price
Data Integration - Upgrade	Upgrade to enhanced data integration. When applicabe publishes Vehicle Inventory, F&I Deal History (preloaup to 5 years of history), Repair Orders (preload up to years of history), Insert/Update/Search Customer, Insert/Update/Search Service Vehicle, and pushes F&Deals in real time.	ad 2 1.0	\$149.00	\$149.00
Desking Module	Push deals to your DMS, Dealer Track and Route On Print deals and forms.	e. 1.0	\$999.00	\$350.00
Desking module onetime fee	Onetime fee for Advanced Desking.		\$999.00	\$999.00
Data Integration - Upgrade onetime fee	Onetime fee for upgrading to enhanced Data Integrati	on. 1.0	\$299.00	\$299.00
Credit - AutoTrader Family Discount	Onetime fee AutoTrader Family discount. 1.0			(\$1,298.00)
	Products/One One Time Shi One Time Sal Monthly Recu	ipping: les Tax: arring:		\$0.00 \$0.00 \$0.00 \$499.00
	Total Now Due: Total Monthly Recurring:		\$499.00 \$499.00	
	·	*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 super	sede current billing			
☐ Check By Fax ☐	☐ One Time ACH ☐ One Time	☐ 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 HOLDE	ER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 5608		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-00233111			Dollar Amount: \$499.00		
Credit Card P					
Cardholder Name:			Visa Mastercard AmEx - Please circle one		
Card Number:			Expiration Date:		

Check by Fax

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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:		

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:		