

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

Sales and Support: 913-825-6124

Invoice For

Don Mealey Chevrolet (5305)

Invoice Number:OP#-00201518 Salesperson: James Campbell Date Created: 6/27/2012

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	\$652.00
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
NADA Used Car Pricing Tool	NADA used car pricing tool	1.0	\$129.00	\$129.00
Desking module ala carte onetime fee	Onetime fee for Advanced Desking.	1.0	\$999.00	\$502.00
Data Integration - Upgrade onetime fee	Onetime fee for upgrading to enhanced Data Integration.	1.0	\$299.00	\$299.00
AIS Rebates - Desking integration onetime fee	Onetime fee for AIS Rebates - incentive integration into Desking module	1.0	\$199.00	\$199.00
NADA used car pricing tool onetime fee	Onetime fee for NADA used car pricing	1.0	\$129.00	\$129.00
Trainer - One Day	One day of on-site training with one trainer. All travel expenses paid by dealer.	1.0	\$1,349.00	\$0.00
Launch Coordinator	Launch coordinator ensures smooth transition to MotoSnap.	1.0	\$0.00	\$0.00

Products/One Time: \$1,129.00 Monthly Recurring: \$1,129.00 One Time Shipping: \$0.00

		Total Due Now:	\$2,258.00
☐ Check By Fax	☐ One Time ACH	☐ One Time Credit Card Author	ization
Signature		Date	

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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.

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ONE TIM	E AUTHORIZA	TION		
ACCOUNT HOLDI	ER INFORMATION			
Account Owners Name:			VinSolutions Account Number: 5305	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP	P#-00201518		Dollar Amount: \$2,258.00	
Credit Card P	ayment			
CREDIT CARD IN	FORMATION			
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: