

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

Sales and Support: 913-825-6124

### Invoice For

# Wagner Ford (2506)

Invoice Number: OP#-00257304

Salesperson: Jeremy Bravard Date Created: 4/30/2013

### **Products**

Product	Description		List Price	Sales Price	Sales Tax
CRM - Limited Users, up to 15	Customer Relationship Management System - manages entire customer base. Includes; ILM, spam assassin, service marketing, bad lead rejection, reverse look-up and VinBrochures. Users limited to 15. Includes mobile application for smart phones.	1.0	\$1,749.00	\$1,250.00	\$87.50
Inventory Light	Limited inventory gallery, view inventory with ILM	1.0			
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.	1.0			
Service Dashboard	Ties your CRM to your service department dashboard.	1.0			
BDC Module	Easily support your entire organization from one centralized location when applicable. Pull any report you want across the entire organization, ROI, lead performance, anything.	1.0			
Desking Light	Enables payment calculator and summary.	1.0			
Dynamic Comment Builder	Dynamic comment builder automatically creates rich vehicle descriptions with no two alike.	1.0			
Email Banner	Email Banner	1.0			
Form Mapping	Form Mapping. Up to 3 dealership provided forms.				
Mobile Application	Smart phone application				
CRM - limited users, onetime fee	Onetime fee for limited user CRM, includes 3 days of training with 1 trainer, expenses paid by dealer	1.0	\$6,699.00	\$1,500.00	\$105.00
Service Dashboard onetime fee	Setup service dashboard.	1.0			
BDC Module onetime fee	Create BDC module	1.0			
Desking Light onetime fee	Setup payment calculator and summary.	1.0			
Dynamic comment builder onetime fee	Setup dynamic comment builder.	1.0			
ILM onetime fee	Onetime fee for ILM				
Launch Coordinator	Launch coordinator ensures smooth transition to MotoSnap.				
Trainer - Three Day Package	Three days on-site with one trainer. All travel expenses paid by dealer. Package is discounted 10%.				
Email Banner onetime fee	Creation of Email Banner				
Form Mapping Onetime fee	Form Mapping. Up to 3 dealership provided forms.	1.0			
Inventory Light onetime fee	Onetime fee for limited inventory gallery, view inventory with ILM	1.0			

Products/One Time:	\$1,500.00
One Time Shipping:	\$0.00
One Time Sales Tax:	\$105.00
Monthly Recurring:	\$1,250.00
Monthly Recurring Sales Tax:	\$87.50
Total Now Due:	\$2,942.50
<b>Total Monthly Recurring:</b>	\$1,337.50

<sup>\*</sup>Taxes are subject to state and local regulations and are subject to change

\*this invoice does not replace or supersede current billing

 $\Box$  Check By Fax  $\Box$  One Time ACH

☐ One Time Credit Card Authorization

Signature Date

Copyright VinSolutions.







6405 Metcalf Ave. Suite 400

Overland Park, KS 66202

T: 1.800.980.7488

F: 913.825.6396

www.vinsolutions.com

<sup>\*</sup>Does not include Dealer-paid Travel Expenses related to onsite training

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.

ONE	TIN	AE A	TU A	$\Gamma$ HO	RIZA	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDER IN	FORMATION			
Account Owners Name:			VinSolutions Account Number: 2506	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-002	57304		Dollar Amount: \$2,942.50	
Credit Card Paym				
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: