

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

Sales and Support: 913-825-6124

Invoice For

Magnussen Lexus (3302)

Invoice Number:OP#-00231884

Salesperson: Bobby Roberts Date Created: 12/12/2012

Products

Product	Description	Qty.	List Price	Sales Price
CRM Plus Upgrade	Upgrade ILM to CRM Plus.	1.0	\$3,399.00	\$2,253.00
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
Гrainer - Ongoing Campaign - 4 days Annually Onsite	Trainer - Ongoing Campaign - 4 days Annually Onsite with 1 Trainer - all airfare, hotel and rental car expenses to be paid by dealer.	1.0	\$399.00	\$399.00
AIS Rebates - Desking Integration	Third party vendor, - incentive integration into Desking module.	1.0	\$199.00	\$199.00
Form Mapping	Form Mapping. Up to 3 dealership provided forms.	1.0		
Mobile Application	Smart phone application	1.0		
Desking Module	Push deals to your DMS, Dealer Track and Route One. Print deals and forms.	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		
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
Launch Coordinator	Launch coordinator ensures smooth transition to MotoSnap.	1.0		
Form Mapping Onetime fee	Form Mapping. Up to 3 dealership provided forms.	1.0		
Desking module onetime fee	Onetime fee for Advanced Desking.	1.0		
Launch Coordinator	Launch coordinator ensures smooth transition to MotoSnap.	1.0		
Service Dashboard onetime fee	Setup service dashboard.	1.0		
Гrainer - Four Day Package	Four days initial on-site training with one trainer. All travel expenses paid by dealer.	1.0		
Mobile Application onetime fee	Smart phone application	1.0		
BDC Module onetime fee	Create BDC module	1.0		
	Upgrade ILM to CRM onetime fee, includes 4 days of			

Products/One Time:	\$0.00
One Time Shipping:	\$0.00
One Time Sales Tax:	\$0.00
Monthly Recurring:	\$3,000.00
Total Now Due:	\$3,000.00
Total Monthly Recurring:	\$3,000.00
*Taxes are subject to state and local regulations and are subject to *Does not include Dealer-paid Travel Expenses related to onsite	Ü

 $\hbox{*this invoice does not replace or supersede current billing}$

 \square Check By Fax \square One Time ACH \square One Time Credit Card Authorization

Signature

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6405 Metcalf Ave. Suite 400

Overland Park, KS 66202

T: 1.800.980.7488

F: 913.825.6396

www.vinsolutions.com

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	TIME	AUTHO	RIZATION
	# # I V # # 2		

ACCOUNT HOLDER INFORMATION			
Account Owners Name:			VinSolutions Account Number: 3302
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-002	231884	-	Dollar Amount: \$3,000.00
Opportunity ID: OP#-002		z.ip.	

Credit Card Payment

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