

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

Sales and Support: 913-825-6124

Invoice For

# Sunset Chevrolet (5316)

Invoice Number:OP#-00213801 Salesperson: Bobby Roberts Date Created: 8/16/2012

### **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.			\$800.00
AIS Rebates - Desking Integration	Third party vendor, - incentive into Desking module.	Third party vendor, - incentive integration into Desking module.		\$199.00	\$199.00
Desking module ala carte onetime fee	Onetime fee for Advanced D Includes an additional training	_	1.0	\$1,999.00	\$801.00
AIS Rebates - Desking integration onetime fee		Onetime fee for AIS Rebates - incentive integration into Desking module		\$199.00	\$199.00
Launch Coordinator	Launch coordinator ensures stransition to MotoSnap.	Launch coordinator ensures smooth transition to MotoSnap.		\$0.00	\$0.00
			roducts/One		\$1,000.00
			Ionthly Recurring: ne Time Shipping:		\$999.00 \$0.00
			Total Du	11 0	\$1,999.00
☐ Check By Fax	☐ One Time ACH	One Time C	redit Card	Authorization	on
Signature					

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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.

ONE	TIME	AUTHO	RIZA	TION

Account Owners Name:			VinSolutions Account Number: 5316
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0213801		Dollar Amount: \$1,999.00

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: