



VinSolutions
6405 Metcalf Ave Suite 400
Overland Park, KS 66202
www.vinsolutions.com
Sales and Support: 913-825-6124

Invoice For

Five Star Florence Super Center (6457)

Invoice Number: OP#-00282612

Salesperson: James Campbell Date Created: 6/5/2013

Products

Product	Description	Qty.	List Price	Sales Price	
CRM Upgrade Limited Users	Upgrade ILM to limited user CRM	1.0	\$899.00	\$1,251.00	
Inventory Light	Limited inventory gallery, view inventory with ILM	1.0			
Desking Light	Enables payment calculator and summary.	1.0			
Form Mapping	Form Mapping. Up to 3 dealership provided forms.	1.0			
Desking Light onetime fee	Setup payment calculator and summary.	1.0			
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			
CRM Limited User Upgrade onetime fee	Upgrade ILM to limited user CRM onetime fee, includes 3 days of training with 1 trainer, expenses paid by dealer	1.0	\$5,199.00		
Trainer - Three Day Package	Three days on-site with one trainer. All travel expenses paid by dealer. Package is discounted 10%.	1.0			
Email Banner	Email Banner	1.0			
Launch Coordinator	Launch coordinator ensures smooth transition to MotoSnap.	1.0			

Products/One Time:	\$0.00
One Time Shipping:	\$0.00
One Time Sales Tax:	\$0.00
Monthly Recurring:	\$1,251.00
Total Now Due:	\$1,251.00
Total Monthly Recurring:	\$1,251.00

*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 supersede current billing**

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

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CONTRACTS

HASSLES

SERVERS

6405 Metcalf Ave. Suite 400



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www.vinsolutions.com

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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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 6457	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00282612		Dollar Amount: \$1,251.00	

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: