

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

Sales and Support: 913-825-6124

### Invoice For

# **Bob Sight Ford (5874)**

Invoice Number:OP#-00223295

Salesperson: Brian Fox Date Created: 12/11/2012

#### **Products**

Product	Description	Qty.	List Price	Sales Price	
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	\$1,381.00	
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			
Inventory Light	Limited inventory gallery, view inventory with ILM	1.0			
Data Integration	Data integration with dealer's DMS. Publishes Vehicle Inventory, F&I Deal History and Repair Orders when applicable.	1.0	\$99.00	\$99.00	
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			
Email Hosting	Hosting of dealers' email.	1.0			
Form Mapping	Form Mapping. Up to 3 dealership provided forms.	1.0			
Mobile Application	Smart phone application	1.0			
Data Integration - onetime fee	Onetime fee for data integration with dealer's DMS. Publishes Vehicle Inventory, F&I Deal History and Repair Orders when applicable.	1.0	\$199.00	\$199.00	
ILM onetime fee	Onetime fee for ILM	1.0			
Trainer - Three Day Package	Three days on-site with one trainer. All travel expenses paid by dealer. Package is discounted 10%.	1.0			
Launch Coordinator	Launch coordinator ensures smooth transition to MotoSnap.	1.0			
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	
Email Banner onetime fee	Creation of Email Banner	1.0	
Email Hosting onetime fee	Email hosting for dealer	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	
Mobile Application onetime fee	Smart phone application	1.0	
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 (\$199.00)
	Products/One	Fime:	\$0.00
			\$0.00
	One Time Ship	1 0	· ·
	One Time Sale	s Tax:	\$0.00
	Monthly Recu	rring:	\$1,480.00
	Total Now Du	e:	\$1,480,00

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

**Total Monthly Recurring:** 

☐ Check By Fax ☐ One Time ACH ☐ One Time Credit Card Authorization

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Signature





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Date

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\$1,480.00

<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	TIME	AUTHO	RIZATION
		/ <b>N N</b> / <b>H H H N</b> /	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

	Address Line 1:	
Address Line 2:		
Zip:	State:	City:
	23295	Opportunity ID: OP#-0022
Opportunity ID: OP#-00223295		
Fax Number: Email: Dollar Amount: \$1,48	Zip: Email:	State: Zip: Email:

Visa Mastercard AmEx - Please circle one

### Check by Fax

Cardholder Name:

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: