

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

Sales and Support: 913-825-6124

Invoice For

Jessup Auto Plaza (5873)

Invoice Number:OP#-00231981

Salesperson: Bobby Roberts Date Created: 12/10/2012

Products

Product	Description		List Price	Sales Price	
ILM Ala Carte	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.		\$899.00	\$700.00	
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.		\$99.00	\$99.00	
Email Banner	Email Banner	1.0			
Email Hosting	Hosting of dealers' email.	1.0			
Data Integration - onetime fee	Onetime fee for data integration with dealer's DMS. Pata Integration - onetime fee Publishes Vehicle Inventory, F&I Deal History and Repair Orders when applicable.		\$199.00	\$199.00	
Email Banner onetime fee	mail Banner onetime fee Creation of Email Banner				
Email Hosting onetime fee	Email hosting for dealer	1.0			
Inventory Light onetime fee	Onetime fee for limited inventory gallery, view inventory with ILM				
ILM ala carte onetime fee	Onetime fee for ILM	1.0	\$899.00	(\$199.00)	

Products/One Time:	\$0.00
One Time Shipping:	\$0.00
One Time Sales Tax:	\$0.00
Monthly Recurring:	\$799.00
Total Now Due:	\$799.00
Total Monthly Recurring:	\$799.00

^{*}Taxes are subject to state and local regulations and are subject to change

^{*}Does not include Dealer-paid Travel Expenses related to onsite training

Signature			Date
☐ Check By Fax	☐ One Time ACH	☐ One Time Credit Card A	Authorization

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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.

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ACCOUNT HOLDER INFORMATION			
Account Owners Name:			VinSolutions Account Number: 5873
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00231981	-	Dollar Amount: \$799.00

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: