

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

Castle Buick GMC (3846)

Agreement Number:OP#-00295349 Salesperson: Phil Dixon Date Created: 7/23/2013

Products

Product	Description	Qty.	List Price	Sales Price
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.		\$149.00	\$149.00
Desking Module	Push deals to your DMS, Dealer Track and Route One. Print deals and forms.	1.0	\$799.00	\$607.82
AIS Rebates - Desking Integration	Third party vendor, incentive integration into Desking module.	1.0	\$199.00	\$151.38
Data Integration - Upgrade onetime fee	Onetime fee for upgrading to enhanced Data Integration.	1.0	\$299.00	\$299.00
Desking Module onetime fee	Onetime fee for Advanced Desking.	1.0	\$799.00	\$80.06
AIS Rebates - Desking Integration onetime fee	Onetime fee for AIS Rebates - incentive integration into Desking module	1.0	\$199.00	\$19.94
Launch Coordinator	Launch coordinator ensures smooth transition to MotoSnap.	1.0		

Total Monthly Recurring:	\$908.20
Total Now Due:	\$1,307.20
Monthly Recurring:	\$908.20
One Time Sales Tax:	\$0.00
One Time Shipping:	\$0.00
Products/One Time:	\$399.00

*this invoice does not replace o	r supersede current billing	
☐ Check By Fax	☐ One Time ACH	☐ One Time Credit Card Authorization
Signature		Date

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

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

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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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ONE TIME	AUTHORIZA	TION		
ACCOUNT HOLDER	INFORMATION			
Account Owners Name	e:		VinSolutions Account Number: 3846	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	00295349		Dollar Amount: \$1,307.20	
Credit Card Pay				
Cardholder Name:			Visa Mastercard AmEx - Please circle one	
Card Number:			Expiration Date:	

Check by Fax

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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: