

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

Sales and Support: 913-825-6124

Purchase Agreement Summary For

# **Highline Automotive Inc (6721)**

Agreement Number:OP#-00302421 Salesperson: Zachary Arnold Date Created: 9/4/2013

### **Products**

Product	Description	Qty.	List Price	Sales Price	
CRM Limited Users	Customer Relationship Management System - manages entire customer base. Includes, but not limited to: ILM, spam assassin, bad lead rejection, service marketing, campaign creation, CSR, Wish List, equity mining, reverse look-up, VinBrochures, and free unlimited live online training.	1.0	\$899.00	\$1,200.00	
CRM Upgrade from ILM Limited Users Package	Upgrade ILM to limited user CRM	1.0			
Inventory Light	Limited inventory gallery, view inventory with ILM	1.0			
Desking Light	Enables payment calculator and summary.	1.0			
CRM Limited Users onetime fee	Customer Relationship Management System - manages entire customer base. Includes, but not limited to: ILM, spam assassin, bad lead rejection, service marketing, campaign creation, CSR, Wish List, equity mining, reverse look-up, VinBrochures, and free unlimited live online training.	1.0	\$899.00		
Email Banner	Email Banner	1.0	\$199.00		
Form Mapping	Form Mapping. Up to 3 dealership provided forms.	1.0			
Launch Coordinator	Launch coordinator ensures smooth transition to MotoSnap.	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	\$4,049.00		

<b>Total Monthly Recurring:</b>	\$1,200.00
Total Now Due:	\$1,200.00
Monthly Recurring:	\$1,200.00
One Time Sales Tax:	\$0.00
One Time Shipping:	\$0.00
Products/One Time:	\$0.00

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

<sup>\*</sup>Does not include Dealer-paid Travel Expenses related to onsite training

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

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

Account Owners Name:			VinSolutions Account Number: 6721
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00	302421		Dollar Amount: \$1,200.00

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: