

Signature

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

Sales and Support: 913-825-6124

Date

Invoice For

# Stanley Wood Chevrolet Buick GMC Cadillac (6238)

Invoice Number:OP#-00280783 Salesperson: David White Date Created: 5/30/2013

#### **Products** List Sales **Product Description** Qty. Price **Price** 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 1.0 \$149.00 \$149.00 Data Integration - Upgrade years of history), Insert/Update/Search Customer, Insert/Update/Search Service Vehicle, and pushes F&I Deals in real time. Push deals to your DMS, Dealer Track and Route One. Desking Module 1.0 \$999.00 \$476.00 Print deals and forms. 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. \$999.00 \$13.00 1.0 Launch coordinator ensures smooth transition to Launch Coordinator 1.0 MotoSnap. Products/One Time: \$312.00 One Time Shipping: \$0.00 One Time Sales Tax: \$0.00 Monthly Recurring: \$625.00 **Total Now Due:** \$937.00 \$625.00 **Total Monthly Recurring:** \*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 ☐ One Time ACH ☐ Check By Fax ☐ One Time Credit Card Authorization







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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	RIZATIO	N

ONE TIME AUTHORIZATION						
ACCOUNT HOLDE	R INFORMATION					
Account Owners Name:			VinSolutions Account Number: 6238			
Address Line 1:			Phone Number:			
Address Line 2:			Fax Number:			
City:	State:	Zip:	Email:			
Opportunity ID: OP#-00280783			Dollar Amount: \$937.00			
Credit Card Pa						
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)**

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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:	