

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

Sales and Support: 913-825-6124

Invoice For

Car Credit Inc. (2387)

Invoice Number:OP#-00278737 Salesperson: Phil Dixon Date Created: 5/15/2013

Products

| Product | Description | Qty. | List Price | Sales Price | Sales Tax |
|--|--|------|---------------|----------------|--------------|
| Desking Module ala carte | Push deals to your DMS, Dealer Track and Route One. Print deals and forms. | 1.0 | \$999.00 | \$400.00 | |
| 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. | 1.0 | \$149.00 | \$149.00 | |
| Drivers License Scanner | Automatically uploads customer's information | 1.0 | \$999.00 | \$899.00 | \$75.06 |
| Data Integration - Upgrade onetime fee | Onetime fee for upgrading to enhanced Data Integration. | 1.0 | \$299.00 | \$299.00 | |
| Trainer - One Day | One day of on-site training with one trainer. All travel expenses paid by dealer. | 1.0 | | | |
| Launch Coordinator | Launch coordinator ensures smooth transition to MotoSnap. | 1.0 | | | |
| Launch Coordinator | Launch coordinator ensures smooth transition to MotoSnap. | 1.0 | | | |
| Desking module ala carte onetime fee | Onetime fee for Advanced Desking. Includes an additional training day. | 1.0 | \$1,999.00 | (\$299.00) | |

| Products/One Time: | \$899.00 |
|------------------------------|------------|
| One Time Shipping: | \$0.00 |
| One Time Sales Tax: | \$75.06 |
| Monthly Recurring: | \$549.00 |
| Monthly Recurring Sales Tax: | \$0.00 |
| Total Now Due: | \$1,523.06 |
| Total Monthly Recurring: | \$549.00 |

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

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

^{*}this invoice does not replace or supersede current billing

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

Copyright VinSolutions.







6405 Metcalf Ave. Suite 400

Overland Park, KS 66202

• T: 1.800.980.7488 • F: 913.825.6396 • www.vinsolutions.com

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 | AIIT | HOF. | RIZA | TION |
|-----|-----------------|------|------|------|-------------|
| | I IIVIIV | | | | 1 1 1 7 1 7 |

| ACCOUNT HOLDER INFORMATION | | | |
|----------------------------|--------|------|-----------------------------------|
| Account Owners Name: | | | VinSolutions Account Number: 2387 |
| Address Line 1: | | | Phone Number: |
| Address Line 2: | | | Fax Number: |
| City: | State: | Zip: | Email: |
| Opportunity ID: OP#-002 | 278737 | | Dollar Amount: \$1,523.06 |

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: |