

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

Sales and Support: 913-825-6124

Invoice For

US Off Lease Autos (5308)

Invoice Number:OP#-00222610 Salesperson: Keith Kirby Date Created: 10/25/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Black Book Used Car Pricing	Black Book pricing of used cars		1.0	\$129.00	\$99.00	
NADA Used Car Pricing Tool	NADA used car pricing tool		1.0	\$129.00	\$99.00	
Black Book used car pricing onetime fe	ee Black Book used car pricing one	etime fee	1.0	\$129.00	\$99.00	
NADA used car pricing tool onetime fe	e Onetime fee for NADA used car	pricing	1.0	\$129.00	\$99.00	
		Products/Or	ne Tim	ie:		\$198.00
*this invoice does not replace or super	rsede current billing	Monthly Re	currin	g:		\$198.00
	_	One Time S	hippir	ig:		\$0.00
		Total Now 1	Due:			\$396.00
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	horizatio	n
Signature				Da	te	

Copyright VinSolutions.







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

ONE TIME A	AUTHORIZA	ATION	
ACCOUNT HOLDER IN	FORMATION		
Account Owners Name:			VinSolutions Account Number: 5308
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-002	222610		Dollar Amount: \$396.00
Credit Card Payn			
Cardholder Name:			Visa Mastercard AmEx - Please circle one

Check by Fax

Card Number:

•	
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:

Expiration Date:

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: