

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

Sales and Support: 913-825-6124

Invoice For

Mtn. View Chevrolet (5850)

Invoice Number:OP#-00258770 Salesperson: Jeremy Bravard Date Created: 2/19/2013

| Products | | | | | | |
|-----------------------------------|-----------------------------|---------------------------------------|---------------------------------|---------------------------|--|--|
| Product | Descript | Description Qty. | | Sales Price | | |
| Custom Form Design | Design of custom forms | | 1.0 \$199.00 | \$199.00 | | |
| | | Products/One Tir | | \$199.00 | | |
| | | One Time Shippi | | \$0.00 | | |
| | | One Time Sales | | \$0.00 | | |
| | | Monthly Recurring Total Now Due: | | \$0.00 \$199.00 | | |
| | | Total Now Buc. Total Monthly B | | \$0.00 | | |
| | | *Taxes are subject to state and loc | cal regulations and are subject | et to change | | |
| | | *Does not include Dealer-paid Tra | avel Expenses related to onsi | te training | | |
| *this invoice does not replace or | r supersede current billing | | | | | |
| ☐ Check By Fax | ☐ One Time ACH | ☐ One Time C | redit Card Aut | horization | | |
| Signature | | | Da | ite | | |

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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.

| ONE | TIN | AE A | LII | Γ HO | RIZA | TION |
|-----|-----|------|-----|-------------|------|------|
| | | | | | | |

| ONE TIME AUTHORIZATION | | | | | |
|------------------------------|--------|------|--|--|--|
| ACCOUNT HOLDER INFORMATION | | | | | |
| Account Owners Name: | | | VinSolutions Account Number: 5850 | | |
| Address Line 1: | | | Phone Number: | | |
| Address Line 2: | | | Fax Number: | | |
| City: | State: | Zip: | Email: | | |
| Opportunity ID: OP#-00258770 | | | Dollar Amount: \$199.00 | | |
| C 1'4 C 1 D- | | | | | |
| Credit Card Payment | | | | | |
| CREDIT CARD INFORMATION | | | | | |
| 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: |