

Invoice For
The Car Store (2818)

Invoice Number: OP#-00222998
Salesperson: Jeremy Bravard Date Created: 11/2/2012

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
Desking Module	Push deals to your DMS, Dealer Track and Route One. Print deals and forms.	1.0	\$999.00	\$799.00	
Call Tracking - Unlimited	Call Tracking - Unlimited. Used to populate Dealer website with up to 50 phone numbers for call tracking and campaign tracking ROI reporting.	1.0	\$549.00	\$549.00	
VIN Chat - Existing Customers only	VIN Click to Chat for existing customers only. Robust integration. Reports include Chat History, Agent Performance, Chat Analysis and Chat Placement Performance reports.	1.0	\$59.00	\$59.00	
Desking module onetime fee	Onetime fee for Advanced Desking.	1.0	\$999.00	\$799.00	
Call Tracking - Unlimited onetime fee	Call Tracking - Unlimited onetime fee.	1.0	\$549.00	\$549.00	
VIN Chat - Existing Customers only onetime fee	Onetime fee for VIN Click to Chat.	1.0	\$59.00	\$59.00	

***this invoice does not replace or supersede current billing**

Products/One Time: \$1,407.00
Monthly Recurring: \$1,407.00
One Time Shipping: \$0.00
Total Now Due: \$2,814.00

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

Copyright VinSolutions.

CONTRACTS

HASSLES

SERVERS

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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 2818	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00222998		Dollar Amount: \$2,814.00	

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: