

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

Sales and Support: 913-825-6124

Invoice For

Douglas Jeep Chrysler Dodge Ram (5919)

Invoice Number: OP#-00267658 Salesperson: Jeremy Bravard Date Created: 3/20/2013

Products

Product	Description	Qty.	List Price	Sales Price
Customer Text Messaging - 1000 Texts	Customer Text Messaging - 1000 texts per month incoming or outgoing. In the case of overages, dealer will be invoiced for and moved to the ongoing quantity that covers usage. Unused texts are not rolled over.	1.0	\$29.00	\$29.00
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee.	1.0	\$49.00	\$49.00

Products/One Time: \$49.00 One Time Shipping: \$0.00 One Time Sales Tax: \$0.00 Monthly Recurring: \$29.00 **Total Now Due:** \$78.00 **Total Monthly Recurring:** \$29.00

*this invoice does not replace or supersede current billing

☐ Check By Fax \square One Time ACH ☐ One Time Credit Card Authorization

Signature Date

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T: 1.800.980.7488



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

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

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 (P) 913-825-6300 (F) 617-904-1618

Payment Authorization

Name on Bank Acct:

Bank Routing Number:

Checking Account Number:

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.

ACCOUNT HOLD	ER INFORMATION			
Account Owners Name:			VinSolutions Account Number: 5919	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00267658			Dollar Amount: \$78.00	
Cardholder Name:			Visa Mastercard AmEx - Please circle one	
Credit Card P CREDIT CARD IN	•			
Cardholder Name:			Visa Mastercard AmEx - Please circle one	
Card Number:			Expiration Date:	
Check by Fax				
CHECK BY FAX II	NFORMATION (ACTUAL C	CHECK		
MUST ACCOMPA	NY THIS FORM) DO NOT I	MAIL		
Bank Name:			Bank Phone:	
Name on Bank Acct:			Check Number:	
Bank Routing Number:			Checking Account Number:	
ACH (Electron	nic Debit)			
iteli (Electio.				
•	IC DEBIT) (VOIDED CHEC	K MUST		
•		K MUST		

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: