

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

Sales and Support: 913-825-6124

Invoice For

Burt Watson Chevrolet (4472)

Invoice Number:OP#-00210187 Salesperson: Soren Blair Date Created: 8/2/2012

Products

Product	Description		Quantity	List Price	Total Price
Desking Module ala carte	•	Push deals to your DMS, Dealer Track and Route One. Print deals and forms.		\$999.00	\$0.00
Launch Coordinator	Launch coordinator ensur transition to MotoSnap.	Launch coordinator ensures smooth transition to MotoSnap.		\$0.00	\$0.00
Desking module ala carte onetime fee		Onetime fee for Advanced Desking. Includes an additional training day.		\$1,999.00	\$0.00
*this invoice does not replace or sup	ersede current billing		Monthl	ss/One Time: y Recurring: ne Shipping:	\$0.00
☐ Check By Fax	☐ One Time ACH	☐ One Time C		l Due Now: Authorization	\$0.00
Signature				Date	

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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	TIME	AUTHO	RIZA	TION

Account Owners Name	:		VinSolutions Account Number: 4472
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0210187		Dollar Amount: \$0.00

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: