

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

Invoice For

Suburban Ford of Sterling Heights (3907)

Invoice Number:OP#-00221448 Salesperson: Darin Mayville Date Created: 10/15/2012

Products

| Product | Description | | Qty. | List Price | Sales Price | Sales Tax |
|---|--|------------------------|------|---------------|----------------|--|
| 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 | \$1.74 |
| Customer Text Messaging - 1000 Texts Onetime Fee | Customer Text Messaging onetime for | ee. | 1.0 | \$49.00 | \$49.00 | \$0.00 |
| *this invoice does not replace or supersede current billing Products/One Time: Monthly Recurring: One Time Shipping: Sales Tax: | | | | | | \$49.00 \$29.00 \$0.00 \$1.74 |
| ☐ Check By Fax | ☐ One Time ACH | Total Now : ☐ One Time | | Card Aut | horizatio | \$79.74 on |
| Signature | | | | Da | te | |

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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.

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|-----|-----|------|------|-------------|------|------|
| | | | | | | |

| ONE TIME A | AUTHORIZA | ATION | | |
|---|-----------|-------|--|--|
| ACCOUNT HOLDER IN | | 11101 | | |
| Account Owners Name: | | | VinSolutions Account Number: 3907 | |
| Address Line 1: | | | Phone Number: | |
| Address Line 2: | | | Fax Number: | |
| City: | State: | Zip: | Email: | |
| Opportunity ID: OP#-00221448 | | | Dollar Amount: \$78.00 | |
| CREDIT CARD INFORM Cardholder Name: | | | Visa Mastercard AmEx - Please circle one | |
| Cardholder Name: | | | Visa Mastercard AmEx - Please circle one | |
| Card Number: | | | Expiration Date: | |
| Check by Fax CHECK BY FAX INFORMUST ACCOMPANY T | | | | |
| 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: |