



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

Invoice For

Aberdeen Chrysler Center (5043)

Invoice Number: OP#-00193154

Salesperson: Matthew Mauldin Date Created: 5/16/2012

Products

| Product | Description | Quantity | List Price | Total Price |
|-----------------------------------|---|----------|------------|-------------|
| PBX Phone Integration | Private branch exchange phone integration into VinSolutions' CRM | 1.0 | \$129.00 | \$0.00 |
| PBX phone integration onetime fee | Onetime fee for private branch exchange phone integration into VinSolutions CRM | 1.0 | \$1,259.00 | \$0.00 |

Total: \$0.00

Shipping: \$0.00

Invoice Total

Total Due NOW: \$0.00

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

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CONTRACTS

HASSLES

SERVICES

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: Brian Fox | | Client ID: 5043 | |
| Address Line 1: 901 Auto Plaza Drive | | Phone Number: (605) 225-1656 | |
| Address Line 2: | | Fax Number: (605) 225-1281 | |
| City: Aberdeen | State: SD | Zip: 57401 | Email: brian.fox@vinsolutions.com |
| Opportunity ID: OP#-00193154 | | Dollar Amount: \$0.00 | |

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: |