

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

Sales and Support: 913-825-6124

Invoice For

# Heller Ford Sales (3840)

Invoice Number:OP#-00224491

Salesperson: Darin Mayville Date Created: 11/20/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	
Data Appending	Recurring appending your customer data.		1.0	\$149.00	\$149.00	
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	
Data Appending onetime fee	Onetime fee to initially append custo	omer data.	1.0	\$149.00	\$75.00	
VIN Chat - Existing Customers only onetime fee Onetime			1.0	\$59.00	\$59.00	
*this invoice does not replace or super	rsede current billing	Products/On Monthly Red One Time S	curring	<b>y:</b>		\$134.00 \$208.00 \$0.00
		Total Now 1		<u> </u>		\$342.00
		*Taxes are subject	to state a	nd local regula	tions and are	
		subject to change				
		*Does not include onsite training	Dealer-pa	aid Travel Expe	enses related t	0
☐ Check By Fax	☐ One Time ACH	☐ One Time (	Credit	Card Auth	norization	l
Signature				Dat	te	

Copyright VinSolutions.







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	RIZATION
		/ <b>N N</b> / <b>H H H N</b>	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

<b>ONE TIME AUT</b>	HORIZA	ATION	
ACCOUNT HOLDER INFORM	IATION		
Account Owners Name:			VinSolutions Account Number: 3840
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00224491			Dollar Amount: \$342.00
Credit Card Payment			
CREDIT CARD INFORMATIO	N		
Cardholder Name:			Visa Mastercard AmEx - Please circle one

### Check by Fax

Card Number:

•	
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:

Expiration Date:

### **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: