

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

Invoice For

Sid Dillon Blair (4461)

Invoice Number:OP#-00209315 Salesperson: Phil Dixon Jr Date Created: 7/18/2012

Products

Product	Description	Quantity	Total Price
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
VIN Chat - Existing Customers only onetime fee	Onetime fee for VIN Click to Chat.	1.0	\$59.00
		Products/One Time: Monthly Recurring: One Time Shipping:	\$59.00
		Total Due Now:	\$118.00
☐ Check By Fax ☐	One Time ACH ☐ One Time C	redit Card Authorizati	on
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	RIZATION
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ONE TIME	E AUTHORIZA	ATION	
ACCOUNT HOLDE	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 4461
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00209315		Dollar Amount: \$118.00
Credit Card Pa	nyment		
CREDIT CARD INFO			
	ORMATION		W. M. J. F. Di . J. J.
Cardholder Name:			Visa Mastercard AmEx - Please circle one

Check by Fax

Card Number:

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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: