

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

Sales and Support: 913-825-6124

Invoice For

Beaverton Infiniti (4796)

Invoice Number:OP#-00209263 Salesperson: David Hudson Date Created: 7/16/2012

Products

Product	Description		Quantity		Fotal Price
VIN Chat	Reports include Chat Performance, Chat A	VIN Click to Chat. Robust integration. Reports include Chat History, Agent Performance, Chat Analysis and Chat Placement Performance reports.			\$99.00
VIN Chat onetime fee	Onetime fee for VIN	Onetime fee for VIN Click to Chat. 1.0			\$99.00
*this invoice does not replace or s	upersede current billing		Products/Or Monthly Re One Time S	ecurring:	\$99.00 \$99.00 \$0.00
			Total Due	Now:	\$198.00
☐ Check By Fax	\square One Time ACH	☐ One Time (Credit Card Au	thorizatio	n
Signature			D	ate	

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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	TION	
ACCOUNT HOLDE	R INFORMATION		
Account Owners Nar	ne:		VinSolutions Account Number: 4796
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00209263		Dollar Amount: \$198.00
Credit Card Pa	· ·		
Cardholder Name:			Visa Mastercard AmEx - Please circle one
Card Number:			Expiration Date:

Check by Fax

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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:

ACH (Electronic Debit)

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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: