

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

Invoice For

Calgary Hyundai (4474)

Invoice Number:OP#-00216212 Salesperson: Sarah Nugent Date Created: 9/11/2012

Products

Product	Description		Quantity	List Price	Total Price
Live Phone Calls Ala Carte	In database live phone calls for custom campaign. Onetime setup fee applies.		500.0	\$1,395.00	\$1,250.00
Live Phone Calls Ala Carte onetime fee	Onetime setup fee to pull in database customer reports and establish call service.		1.0	\$329.00	\$329.00
*this invoice does not replace or supersede current billing			Products/One Monthly Rec One Time Sh	curring:	\$1,579.00 \$0.00 \$0.00
			Total Du	e Now:	\$1,579.00
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit Card	Authorizatio	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)RIZAT	LIUN

Account Owners Nam	e:		VinSolutions Account Number: 4474
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00216212		Dollar Amount: \$1,579.00

Credit Card Payment

CREDIT CARD INFORMATION	
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)

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: