

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

Sales and Support: 913-825-6124

Invoice For

Hudson Nissan (5523)

Invoice Number: OP#-00259404 Salesperson: Jeremy Bravard Date Created: 2/22/2013

Products

Product	Description	Qty.	List Price	Sales Price	
KnowMe Elite	Third party vender - Elite KnowMe phone integration includes 25 toll free numbers, 5 Click to Call links and 3000 minutes a month.	1.0	\$679.00	\$1,000.00	
KnowMe Elite onetime fee	Onetime fee for third party vender - Elite KnowMe phone integration	1.0	\$679.00		

Products/One Time: \$0.00 One Time Shipping: \$0.00 One Time Sales Tax: \$0.00 Monthly Recurring: \$1,000.00 **Total Now Due:** \$1,000.00 **Total Monthly Recurring:** \$1,000.00

☐ Check By Fax ☐ One Time ACH ☐ One Time Credit Card Authorization

Signature Date

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^{*}Taxes are subject to state and local regulations and are subject to change

^{*}Does not include Dealer-paid Travel Expenses related to onsite training

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.

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ACCOUNT HOLDER INFORMATION				
Account Owners Nam	e:		VinSolutions Account Number: 5523	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-)0259404		Dollar Amount: \$1,000.00	

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: