

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

Sales and Support: 913-825-6124

Invoice For

Lewis Chevrolet Buick (5139)

Invoice Number:OP#-00209368 Salesperson: Phil Dixon Jr Date Created: 7/23/2012

Products

Product	Description	Quantity	List Price	Total Price
NADA Used Car Pricing Tool	NADA used car pricing tool	1.0	\$129.00	\$99.00
Blue Book Used Car Pricing	Used car pricing from Blue Book	1.0	\$129.00	\$99.00
NADA used car pricing tool onetime fee	Onetime fee for NADA used car pricing	1.0	\$129.00	\$50.00
Blue Book used car pricing onetime fee	Blue Book used car pricing onetime fee	1.0	\$129.00	\$50.00
Credit - AutoTrader Family Discount	Onetime fee AutoTrader Family discount.	1.0	\$0.00	\$0.00
		Products/C		\$100.00
		Monthly R One Time		\$198.00 \$0.00
			ompping. Oue Now:	\$298.00
☐ Check By Fax ☐	One Time ACH	Credit Card	Authorization	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	AUTHORIZA	ATION	
ACCOUNT HOLDER	R INFORMATION		
Account Owners Nam	ne:		VinSolutions Account Number: 5139
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00209368		Dollar Amount: \$298.00
Credit Card Pa	yment		
CREDIT CARD INFO	ORMATION		
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: