

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

Sales and Support: 913-825-6124

Invoice For

Mike Craig Ford (3592)

Invoice Number:OP#-00253872 Salesperson: Phil Dixon Jr Date Created: 1/23/2013

Products

Product	Description		List Price	Sales Price	Sales Tax
Data Appending	Recurring appending your customer data.	1.0	\$149.00	\$149.00	\$9.84
Data Appending onetime fee	Onetime fee to initially append customer data.	1.0	\$149.00		

Products/One Time: \$0.00
One Time Shipping: \$0.00
One Time Sales Tax: \$0.00
Monthly Recurring: \$149.00
Monthly Recurring Sales Tax: \$9.84
Total Now Due: \$158.84
Total Monthly Recurring: \$158.84

*this invoice does not replace or supersede current billing

 \Box Check By Fax \Box One Time ACH

☐ One Time Credit Card Authorization

Signature

Copyright VinSolutions.







^{*}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.

ONE	TIN	AE A	TU A	Γ HO	RIZA	TION

Account Owners Name:			VinSolutions Account Number: 3592
Address Line 1: Address Line 2:			Phone Number: Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-002	53872		Dollar Amount: \$158.84

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

Check by Fax

v		
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: