

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

Sales and Support: 913-825-6124

Invoice For

South Bay BMW/MINI (4836)

Invoice Number:OP#-00193167 Salesperson: David Hudson Date Created: 5/17/2012

Products

| Product | Description | Quantity | Total Price |
|----------------------------|--|----------|----------------|
| eBay Unlimited | Unlimited posting for eBay. eBay listing charges are paid by dealer. | 1.0 | \$399.00 |
| eBay Unlimited onetime fee | Onetime fee for eBay Unlimited | 1.0 | \$399.00 |

Total: \$798.00

Shipping: \$0.00

Invoice Total

Total Due NOW: \$798.00

 \square Check By Fax \square One Time ACH \square One Time Credit Card Authorization

Signature

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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 | RIZA | TION |
|-----|------|-------|------|------|
| | | | | |

| ONE TIME AUTHORIZATION | | | |
|------------------------|-------------|------|--|
| ACCOUNT HOLDER | INFORMATION | | |
| Account Owners Name | : | | VinSolutions Account Number: 4836 |
| Address Line 1: | | | Phone Number: |
| Address Line 2: | | | Fax Number: |
| City: | State: | Zip: | Email: |
| Opportunity ID: OP#-00 | 0193167 | | Dollar Amount: \$798.00 |
| Credit Card Pay | | | |
| 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: |