

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

Sales and Support: 913-825-6124

Invoice For

Homer Skelton Chrysler Dodge Jeep (4622)

Invoice Number:OP#-00200451 Salesperson: William Fowler Date Created: 6/19/2012

Products

Product	Description	Quantity	List Price	Total Price
Market Pricing Tool	Local market pricing tool	1.0	\$549.00	\$389.00
Black Book Used Car Pricing	Black Book pricing of used cars	1.0	\$129.00	\$99.00
NADA Used Car Pricing Tool	NADA used car pricing tool	1.0	\$129.00	\$99.00
Market Pricing Tool onetime fee	Onetime fee for local market pricing	1.0	\$549.00	\$389.00
Black Book used car pricing onetime fee	Black Book used car pricing onetime fee	1.0	\$129.00	\$99.00
NADA used car pricing tool onetime fee	Onetime fee for NADA used car pricing	1.0	\$129.00	\$99.00
*this invoice does not replace or superse	de current billing	Products/C Monthly F One Time	Recurring:	\$587.00 \$587.00 \$0.00
		Total Du	e Now:	\$1,174.00
☐ Check By Fax ☐	One Time ACH	Credit Card	Authorizati	on
Signature			Date	

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T: 1.800.980.7488

F: 913.825.6396



www.vinsolutions.com

6405 Metcalf Ave. Suite 400

Overland Park, KS 66202

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	E AUTHORIZA	TION	
ACCOUNT HOLDER	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 4622
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00200451		Dollar Amount: \$1,174.00
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: