

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

Sales and Support: 913-825-6124

Invoice For

Howard Wilson Chrysler Jeep Dodge Ram (6192)

Invoice Number:OP#-00272422 Salesperson: Jeremy Bravard Date Created: 5/9/2013

Products

Product	Description		List Price	Sales Price	
Customer Text Messaging - 1000 Texts	Customer Text Messaging - 1000 texts per month incoming or outgoing. In the case of overages, dealer will be invoiced for and moved to the ongoing quantity that covers usage. Unused texts are not rolled over.		\$29.00	\$29.00	
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee.		\$49.00		
	Products/One T	ime:			\$0.00
	One Time Ship	ping:			\$0.00
	One Time Sales	Tax:			\$0.00
	Monthly Recurr	ring:			\$29.00
	Total Now Due:			\$29.00	
	Total Monthly	Recui	rring:		\$29.00
	·	*Taxes are subject to state and local regulations and are subject to change *Does not include Dealer-paid Travel Expenses related to onsite training			

Copyright VinSolutions.



Signature

☐ Check By Fax

*this invoice does not replace or supersede current billing

 \square One Time ACH





☐ One Time Credit Card Authorization

Date

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
		/ N N / H H H N	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Nam	e:		VinSolutions Account Number: 6192
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00272422		Dollar Amount: \$29.00

Visa Mastercard AmEx - Please circle one

Check by Fax

Cardholder Name:

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: