

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com Sales and Support: 913-825-6124

Invoice For

Serra Toyota, Inc (4728)

Invoice Number:OP#-00208496 Salesperson: William Fowler Date Created: 7/12/2012

Products

| Product | Description | | Quantity | List Price | Total Price |
|---|------------------------|--|----------|----------------------------------|--------------------|
| Custom Form Design | Design of custom forms | | 1.0 | \$199.00 | \$169.00 |
| *this invoice does not replace or supersede current billing | | Products/One Time: Monthly Recurring: One Time Shipping: | | \$169.00 \$0.00 \$0.00 | |
| ☐ Check By Fax | ☐ One Time ACH | ☐ One Time O | | Oue Now: Authorization | \$169.00 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 |
|-----|------|---------------------------------|------------------------------------|
| | | / N N / H H H N / | / 1 N 1 <i>/ /</i> / N 1 1 N / / · |

| Account Owners Nam | e: | | VinSolutions Account Number: 4728 |
|----------------------|----------|------|-----------------------------------|
| Address Line 1: | | | Phone Number: |
| Address Line 2: | | | Fax Number: |
| City: | State: | Zip: | Email: |
| Opportunity ID: OP#- | 00208496 | | Dollar Amount: \$169.00 |

| CREDIT CARD INFORMATION | |
|-------------------------|--|
| 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: |