

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

Sales and Support: 913-825-6124

Invoice For

Parks Chevrolet (5271)

Invoice Number:OP#-00216320 Salesperson: Phil Dixon Jr Date Created: 9/14/2012

Products

Product	Description		Quantity		Total Price
PBX Phone Integration	Private branch exchange phone integration into VinSolutions' CRM				\$129.00
PBX phone integration onetime fee	Onetime fee for private bran- phone integration into VinSo		1.0		\$1,299.00
*this invoice does not replace or supersede current billing		M	roducts/One Ionthly Rec ne Time Sh	curring:	\$1,299.00 \$129.00 \$0.00
Check By Foy	One Time ACH	☐ One Time C	Total Du		\$1,428.00
☐ Check By Fax ☐ € Signature	One Tille ACH	⊐ One Time C	redit Card A	Date	IOII

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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
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ONE TIME AUTH	IORIZATI	ON	
ACCOUNT HOLDER INFORMAT	ΓΙΟΝ		
Account Owners Name:			VinSolutions Account Number: 5271
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00216320			Dollar Amount: \$1,428.00
Credit Card Payment			
CREDIT CARD INFORMATION			
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: