

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

Sales and Support: 913-825-6124

Invoice For

# Cherry Creek Dodge (4199)

Invoice Number:OP#-00221418 Salesperson: Phil Dixon Jr Date Created: 10/12/2012

#### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
NADA Used Car Pricing Tool	NADA used car pricing tool		1.0	\$129.00	\$129.00	\$0.00
Blue Book Used Car Pricing	Used car pricing from Blue Book		1.0	\$129.00	\$129.00	\$0.00
NADA used car pricing tool onetime fee	e Onetime fee for NADA used car	pricing	1.0	\$129.00	\$100.00	\$0.00
Blue Book used car pricing onetime fee	Blue Book used car pricing onetic	me fee	1.0	\$129.00	\$100.00	\$0.00
Training Manuals	Training manuals to be shipped to	o dealer.	10.0	\$69.90	\$69.90	\$2.03
Credit - AutoTrader Family Discount	Onetime fee AutoTrader Family	discount.	1.0	\$0.00	(\$58.00)	\$0.00
		Products/On	e Tim	ie:		\$211.90
*this invoice does not replace or supersede current billing		Monthly Recurring:			\$258.00	
		One Time Shipping:				\$3.00
		Sales Tax:				\$2.03
		Total Now 1	Due:			\$474.93
☐ Check By Fax ☐	One Time ACH	☐ One Time (	Credit	Card Autl	norizatio	n
Signature				Da	te	

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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.

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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 4199	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00	0221418		Dollar Amount: \$472.90	
Credit Card Pay				

#### Credit Card Payment

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

## **Check by Fax**

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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: