

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

Sales and Support: 913-825-6124

Invoice For

# **GMT Auto Sales (4441)**

Invoice Number:OP#-00200332 Salesperson: Phil Dixon Jr Date Created: 6/14/2012

### **Products**

Product	Description	Quantity		Total Price
VIN Chat - Existing Customers only	VIN Click to Chat for existing customers only. Robust integration. Reports include Chat History, Agent Performance, Chat Analysis and Chat Placement Performance reports.	1.0		\$59.00
VIN Chat - Existing Customers only onetime fee	Onetime fee for VIN Click to Chat.	1.0		\$59.00
*this invoice does not replace or supersec	de current billing	Monthly	One Time: Recurring: Shipping:	\$59.00 \$59.00 \$0.00
		Total D	ue Now:	\$118.00
☐ Check By Fax ☐ 0	One Time ACH ☐ One Time C	Credit Card A	Authorizatio	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	RIZA	TION

Account Owners Name	<b>:</b> :		VinSolutions Account Number: 4441
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-(	00200332		Dollar Amount: \$118.00

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: