

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

Invoice For

# Cross Keys Auto (4442)

Invoice Number:OP#-00200331 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	Unelime lee for VIIV Click to Chai			\$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	redit Card Authorization		
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.

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ONE TIME AUTHORIZATION				
ACCOUNT HOLDER INFO	RMATION			
Account Owners Name:			VinSolutions Account Number: 4442	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-002003	331		Dollar Amount: \$118.00	
Credit Card Paymer				
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)**

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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: