

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

Invoice For

Salerno Duane Infiniti (3168)

Invoice Number:OP#-00195330 Salesperson: Darin Mayville Date Created: 5/29/2012

Products

| Product | Description | Quantity | Total Price |
|----------------------------|---|----------------------|----------------------------|
| KnowMe Premium | Third party vender - Premium K phone integration includes 16 to numbers, 4 Click to Call links a minutes a month. | oll free | \$549.00 |
| KnowMe Premium onetime fee | Oentime fee for third party vend Premium KnowMe phone integr | | \$549.00 |
| | | | Total: \$1,098.00 |
| | | | Shipping: \$0.00 |
| | | | Invoice Total |
| | | Total | Due NOW: \$1,098.00 |
| ☐ Check By Fax ☐ | One Time ACH □ C | One Time Credit 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.

| ONE | TIME | AUTHO | RIZATIO | N |
|-----|------|-------|---------|---|
| | | | | |

| ACCOUNT HOLDE | R INFORMATION | | |
|----------------------------------|---------------|------|--|
| Account Owners Na | me: | | VinSolutions Account Number: 3168 |
| Address Line 1: | | | Phone Number: |
| Address Line 2: | | | Fax Number: |
| City: | State: | Zip: | Email: |
| Opportunity ID: OP#-00195330 | | | Dollar Amount: \$1,098.00 |
| | · | | |
| | | | |
| Credit Card Pace CREDIT CARD INF | | | Visa Mastercard AmEx - Please circle one |

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: |