

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

Sales and Support: 913-825-6124

Invoice For

Parker Johnstone's Wilsonville Honda (3912)

Invoice Number:OP#-00217059 Salesperson: Sarah Nugent Date Created: 10/1/2012

Products

Product	Description		Quantity	Ligt Price	Total Price
Call Tracking - 10,000 Minutes Local	Call Tracking - 10,000 inbound minutes per month using local phone numbers. Used to populate Dealer website with up to 20 local phone numbers for call tracking and campaign tracking ROI reporting.		1.0	\$179.00	\$159.00
Call Tracking - 10,000 Minutes Local onetime fee	Call Tracking - 10,000 Minu onetime fee.	ites Local	1.0	\$179.00	\$159.00
*this invoice does not replace or supersec		Products/One Monthly Rec One Time Sh Total Now D	urring; ipping: Due:		\$159.00 \$159.00 \$0.00 \$318.00
\Box Check By Fax \Box (One Time ACH	☐ One Time C	Credit Card	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	RIZATION
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ONE TIME AUTH	IORIZA	ΓΙΟΝ	
ACCOUNT HOLDER INFORMA	TION		
Account Owners Name:			VinSolutions Account Number: 3912
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00217059			Dollar Amount: \$318.00
Credit Card Payment			
CREDIT CARD INFORMATION			<u> </u>
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: