

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

Invoice For

## Morehead Honda (3858)

Invoice Number:OP#-00221999 Salesperson: Jeremy Bravard Date Created: 10/17/2012

## **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
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.			\$59.00	\$59.00	\$4.79
VIN Chat - Existing Customers only onetime fee	Onetime fee for VIN Click to Chat.		1.0	\$59.00	\$59.00	\$0.00
*this invoice does not replace or supe	ersede current billing	Products/On Monthly Re One Time S Sales Tax:	currin hippir	g:		\$59.00 \$59.00 \$0.00 \$4.79 <b>\$122.79</b>
☐ Check By Fax	☐ One Time ACH	☐ One Time		Card Autl	horizatio	
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.

ONE	TIME	AUTHO	RIZATIO	N

ACCOUNT HOLD	ER INFORMATION				
Account Owners Name: Address Line 1:			VinSolutions Account Number: 3858 Phone Number:		
Address Line 2:			Fax Number:		
City:	State: Zip:		Email:		
Opportunity ID: OP	#-00221999		Dollar Amount: \$118.00		
Credit Card P	•				
CREDIT CARD IN	FORMATION				
Cardholder Name:			Visa Mastercard AmEx - Please circle one		
Card Number:			Expiration Date:		
MUST ACCOMPA	NFORMATION (ACTUAL ONLY THIS FORM) DO NOT				
Bank Name:			Bank Phone:		
Name on Bank Acct:			Check Number:		
Bank Routing Number:			Checking Account Number:		
Bank Name: Name on Bank Acc Bank Routing Num	t: ber:	MAIL			
`	nic Debit)				
	IC DEBIT) (VOIDED CHEC	CK MUST			
ACCOMPANY THIS FORM) Bank Name:			Bank Phone:		
			pank Pholie;		
Name on Bank Acc					
Bank Routing Num Checking Account 1					

ACKNOWLEDGEMENT	
Authorized Name:	Title:
Authorized Signature:	Date: