

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

Sales and Support: 913-825-6124

Invoice For

Hi-Country Auto Group (5279)

Invoice Number:OP#-00191605 Salesperson: David White Date Created: 5/29/2012

Products

Product	Description	Quantity	Total Price
Inventory Module	Inventory Module - monthly	1.0	\$599.00
Data Integration	Data integration with dealer's DMS. Publishes Vehicle Inventory, F&I Deal History and Repair Orders when applicable.	1.0	\$99.00
Inventory Module onetime fee	Onetime fee for Inventory Module	1.0	\$599.00
Data Integration - onetime fee	Onetime fee for data integration with dealer's DMS. Publishes Vehicle Inventory, F&I Deal History and Repair Orders when applicable.	1.0	\$199.00

	Total: \$1,496.00
	Shipping: \$0.00
	Invoice Total
Total 1	Due NOW: \$1,496.00
☐ One Time Credit Card	Authorization
	Date

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☐ One Time ACH



Signature

☐ Check By Fax





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 AUTHORIZATION			
ACCOUNT HOLDER	R INFORMATION		
Account Owners Nan	ne:		VinSolutions Account Number: 5279
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#	-00191605		Dollar Amount: \$1,496.00
Credit Card Pa	nyment		
CREDIT CARD INF	ORMATION		
Cardholder Name:			Visa Mastercard AmEx - Please circle one

Check by Fax

Card Number:

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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:

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: