

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

Invoice For

# David Hobbs Honda (3228)

Invoice Number:OP#-00222582 Salesperson: Darin Mayville Date Created: 10/24/2012

### **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.		1.0	\$59.00	\$59.00	\$0.00
VIN Chat - Existing Customers only onetime fee	Onetime fee for VIN Click to Chat.		1.0	\$59.00	\$59.00	\$3.31
*this invoice does not replace or supe	rsede current billing	Products/On Monthly Re One Time S Sales Tax:	currin hippir	g:		\$59.00 \$59.00 \$0.00 \$3.31
☐ Check By Fax	☐ One Time ACH	Total Now I  ☐ One Time (		Card Autl	horizatio	<b>\$121.31</b> n
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	RIZATION
		/ <b>N N</b> / <b>H H H N</b> /	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Nam	e:		VinSolutions Account Number: 3228
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00222582		Dollar Amount: \$118.00

CREDIT CARD INFORMATION	
Cardholder Name:	Visa Mastercard AmEx - Please circle one
Card Number:	Expiration Date:

### 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: