

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

Sales and Support: 913-825-6124

Invoice For

Midway Motors Hutchinson (3606)

Invoice Number:OP#-00222948 Salesperson: Phil Dixon Jr Date Created: 11/9/2012

Products

| Product | Descri | iption | Qty. | List Price | Sales Price | |
|---|---|--|---------------------|---------------|------------------------|---|
| Data Appending | Recurring appending your | customer data. | 1.0 | \$149.00 | \$149.00 | |
| Data Appending onetime fee Credit - AutoTrader Family Discount | Onetime fee to initially app Onetime fee AutoTrader Fa | | 1.0 1.0 | \$149.00 | \$149.00 (\$149.00) | |
| *this invoice does not replace or supe | rsede current billing | Products/O Monthly Ro One Time S Total Now | ecurring Shippin | y: | | \$0.00 \$149.00 \$0.00 \$149.00 |
| | | *Taxes are subje subject to change *Does not includ onsite training | • | | | o |
| ☐ Check By Fax | ☐ One Time ACH | ☐ One Time | Credit | Card Aut | horization | 1 |
| 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 |
|-----|------|-------------------------------|------------------------------------|
| | | / N N / H H H N | / 1 N 1 <i>/ /</i> / N 1 1 N / / · |

| Account Owners Nam | ie: | | VinSolutions Account Number: 3606 |
|----------------------|----------|------|-----------------------------------|
| Address Line 1: | | | Phone Number: |
| Address Line 2: | | | Fax Number: |
| City: | State: | Zip: | Email: |
| Opportunity ID: OP#- | 00222948 | | Dollar Amount: \$149.00 |

| 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: |