

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

Sales and Support: 913-825-6124

Invoice For

Garnet Ford Inc (4956)

Invoice Number:OP#-00191618 Salesperson: William Fowler Date Created: 5/17/2012

Products

Product	Description	Quantity	Total Price
Customer Text Messaging - 1000 Texts	Customer Text Messaging - 1000 texts per month incoming or outgoing. In the case of overages, dealer will be invoiced for and moved to the ongoing quantity that covers usage. Unused texts are not rolled over.	1.0	\$29.00
Drivers License Scanner	Automatically uploads customer's information	1.0	\$999.00
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee.	1.0	\$49.00

Total: \$1,077.00 Shipping: \$15.00

Invoice Total

Total Due NOW: \$1,092.00

 \square Check By Fax \square One Time ACH \square One Time Credit Card Authorization

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	RIZATIO	N

ONE TIME AUTI	HORIZA	ATION	
ACCOUNT HOLDER INFORMA	ATION		
Account Owners Name:			VinSolutions Account Number: 4956
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00191618			Dollar Amount: \$1,077.00
Credit Card Payment CREDIT CARD INFORMATION	I		
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: