

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

Sales and Support: 913-825-6124

Invoice For

Joe Marina Honda (5606)

Invoice Number:OP#-00216115 Salesperson: David White Date Created: 9/27/2012

Products

Product	Description	Quantity	List Price	Total Price
Inventory Module	Inventory Module - monthly	1.0	\$599.00	\$499.00
Data Integration	Data integration with dealer's DMS. Publishes Vehicle Inventory, F&I Deal History and Repair Orders when applicable.	1.0	\$99.00	\$99.00
Inventory Module onetime fee	Onetime fee for Inventory Module	1.0	\$599.00	\$499.00
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	\$199.00
		Products/C Monthly R One Time	Recurring:	\$698.00 \$598.00 \$0.00
		Total Du	e Now:	\$1,296.00
☐ Check By Fax ☐	One Time ACH	Credit Card	Authorizati	on
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	RIZATION
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AUTHORIZA	ATION	
FORMATION		
		VinSolutions Account Number: 5606
		Phone Number:
		Fax Number:
State:	Zip:	Email:
16115		Dollar Amount: \$1,296.00
ent		
TATION		Visa Mastercard AmEx - Please circle one
	FORMATION State:	State: Zip: 16115 ent

Check by Fax

Card Number:

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: