

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

Invoice For

Royal Gate Dodge Chrysler Jeep of Columbia (5226)

Invoice Number:OP#-00208420 Salesperson: Soren Blair Date Created: 7/12/2012

Products

Product	Description	Quantity	List Price	Total Price
Market Pricing Tool	Local market pricing tool	1.0	\$549.00	\$384.00
Black Book Used Car Pricing	Black Book pricing of used cars	1.0	\$129.00	\$89.00
NADA Used Car Pricing Tool	NADA used car pricing tool	1.0	\$129.00	\$89.00
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.	r 1.0	\$29.00	\$29.00
Market Pricing Tool onetime fee	Onetime fee for local market pricing	1.0	\$549.00	\$384.00
Black Book used car pricing onetime fee	Black Book used car pricing onetime fee	1.0	\$129.00	\$89.00
NADA used car pricing tool onetime fee	Onetime fee for NADA used car pricing	1.0	\$129.00	\$89.00
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee.	1.0	\$49.00	\$49.00
*this invoice does not replace or superse	de current billing	Products/C Monthly R One Time	Recurring:	\$611.00 \$591.00 \$0.00
		Total Du	e Now:	\$1,202.00
☐ Check By Fax ☐	One Time ACH ☐ One Time C	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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ACCOUNT HOLDER	INFORMATION		
Account Owners Name	e:		VinSolutions Account Number: 5226
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-(00208420	-	Dollar Amount: \$1,202.00
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Credit Card Payment

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: