

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

Sales and Support: 913-825-6124

Invoice For

Howard Buick GMC (4758)

Invoice Number:OP#-00222903 Salesperson: Darin Mayville Date Created: 11/13/2012

Products

Product	Description		Qty.	List Price	Sales 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.		\$29.00			
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee. 1.0 \$49.00 \$49.00			\$49.00		
*this invoice does not replace or super	sede current billing	Products/On Monthly Red One Time Sl Fotal Now l	curring hipping	y:		\$49.00 \$29.00 \$0.00 \$78.00
☐ Check By Fax	k 8 8	Taxes are subject ubject to change Does not include onsite training One Time (to state a	aid Travel Expe	enses related to)
Signature				Dat	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.

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ACCOUNT HOLDE	R INFORMATION			
Account Owners Nar	ne:		VinSolutions Account Number: 4758	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	-00222903		Dollar Amount: \$78.00	
			_	
Credit Card Pa CREDIT CARD INF Cardholder Name:			Visa Mastercard AmEx - Please circle one	

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CHECK BY FAX INFORMATION (ACTUAL CHECK	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: