

Invoice For

Scott McRae Group (5732)

Invoice Number: OP#-00105767

Salesperson: James Campbell Date Created: 10/23/2012

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
Website - Portal	Monthly fee for web site portal.	1.0	\$899.00	\$675.00	\$0.00
Inventory Light	Limited inventory gallery, view inventory with ILM	1.0	\$0.00	\$0.00	\$0.00
VinLens	VinLens, Customer Information Application allows you to see and track your website traffic in real time. Track click paths to direct market and reactivate customers or prospects listed as bad or lost.	1.0	\$0.00	\$0.00	\$0.00
Website - Portal onetime fee	Web site - portal onetime fee.	1.0	\$899.00	\$675.00	\$0.00
Inventory Light onetime fee	Onetime fee for limited inventory gallery, view inventory with ILM	1.0	\$0.00	\$0.00	\$0.00
VinLens onetime fee	Onetime fee for VinLens, Customer Information Application allows you to see and track your website traffic in real time. Track click paths to direct market and reactivate customers or prospects listed as bad or lost.	1.0	\$0.00	\$0.00	\$0.00

Products/One Time: \$675.00
Monthly Recurring: \$675.00
One Time Shipping: \$0.00
Total Now Due: \$1,350.00

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

Copyright VinSolutions.

CONTRACTS

HASSLES

SERVERS

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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 5732	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00105767		Dollar Amount: \$1,350.00	

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: