

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

Invoice For

Henkel Chrysler Jeep Dodge (3444)

Invoice Number:OP#-00216818 Salesperson: Darin Mayville Date Created: 10/12/2012

Products

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Blue Book Used Car Pricing	Used car pricing from Blue Book		1.0	\$129.00	\$129.00	
Blue Book used car pricing onetime fe	e Blue Book used car pricing onetime	fee	1.0	\$129.00	\$129.00	
		Products/Or				\$129.00
*this invoice does not replace or supersede current billing		Monthly Re One Time S		_		\$129.00 \$0.00
		Sales Tax:	шррш	ıg.		\$0.00
		Total Now	Due:			\$258.00
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Autl	horizatio	n
Signature				Da	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.

ONE	TIME	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER INFORMATION			
Account Owners Nan	ne:		VinSolutions Account Number: 3444
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	-00216818	•	Dollar Amount: \$258.00
•			

Credit Card Payment

CREDIT CARD INFORMATION		
Cardholder Name:	Visa Mastercard AmEx - Please circle one	
Card Number:	Expiration Date:	

Check by Fax

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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:	

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: