

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

Invoice For

Stanley Dodge Chrysler Jeep - Hillsboro (2802)

Invoice Number:OP#-00197054 Salesperson: Phil Dixon Jr Date Created: 5/31/2012

Products

Product	Description		Quantity	Total Price
Customer Text Messaging - 1000 Texts	month incoming of overages, dealer and moved to the	essaging - 1000 texts per or outgoing. In the case or will be invoiced for ongoing quantity that used texts are not rolled	1.0	\$29.00
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text M	essaging onetime fee.	1.0	\$49.00
				Total: \$78.00
				Shipping: \$0.00 Invoice Total
			Tot	tal Due NOW: \$0.00
☐ Check By Fax	☐ One Time ACH	☐ One Time C		·
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.

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ACCOUNT HOLDER	INFORMATION			
Account Owners Name: Address Line 1: Address Line 2:			VinSolutions Account Number: 2802 Phone Number: Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00197054			Dollar Amount: \$0.00	
CREDIT CARD INFO	RMATION		Visa Mastercard AmEx - Please circle one	
Cardholder Name:	RMATION		Visa Mastercard AmEx - Please circle one	
Cardholder Name: Card Number:	RMATION		Visa Mastercard AmEx - Please circle one Expiration Date:	
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INF	ORMATION THIS FORM) DO NOT N			
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INFO	ORMATION (ACTUAL C			
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INF	ORMATION (ACTUAL C		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: