

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

Invoice For

# Walkers Renton Subaru/Mazda (3220)

Invoice Number:OP#-00111136 Salesperson: Darin Mayville Date Created: 11/14/2012

### **Products**

Product	Description		Qty.	List Price	Sales Price	Sales Tax
Call Tracking - Unlimited	Call Tracking - Unlimited. Used to populate Dealer website with up to 50 phone numbers for call tracking and campaign tracking ROI reporting.		1.0	\$549.00	\$549.00	\$52.16
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.		1.0	\$29.00	\$29.00	\$2.76
Drivers License Scanner	Automatically uploads customer's information	ation	1.0	\$999.00	\$750.00	\$71.25
Call Tracking - Unlimited onetime fee	Call Tracking - Unlimited onetime fee.		1.0	\$549.00	\$549.00	\$52.16
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee. 1.0 \$49.00		\$49.00	\$4.66		
*this invoice does not replace or supers	sede current billing N	roducts/On Ionthly Re Ine Time S ales Tax:	curring	<b>g:</b>		\$1,348.00 \$578.00 \$0.00 \$182.99
	~	otal Now	Due:			\$2,108.99
	*] su	Caxes are subject bject to change Does not include	to state a			e
	to	onsite training	1	•		
☐ Check By Fax ☐	One Time ACH	One Time	Credit	Card Auth	norizatio	n
Signature				Dat	te	

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## **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
		/ <b>N N</b> / <b>H H H N</b>	/ 1 N 1 <i>/ /</i> / N 1 1 N / / ·

Account Owners Name:			VinSolutions Account Number: 3220	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-001	11136		Dollar Amount: \$2,108.99	

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: