

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

Invoice For

Palm Automotive (5348)

Invoice Number:OP#-00255448 Salesperson: Jeremy Bravard Date Created: 2/7/2013

| Products | | | | | | |
|--------------------------------------|--------------------------------|-----------------------------------|--------------|-------------------------|----------------|--------|
| Product | Descript | Description | | List Price | Sales Price | |
| Trainer - One Day | One day of on-site training wi | th one trainer. All travel | 3.0 | \$4,047.00 | \$2,997.00 | |
| | expenses paid by dealer. | | | | | |
| | | Products/One T | ime: | | \$2,9 | 997.00 |
| | | One Time Shipping: | | | \$0.00 | |
| | | One Time Sales | | | | \$0.00 |
| | | Monthly Recurring: Total Now Due: | | | ** * | \$0.00 |
| | | | | | \$2,9 | 97.00 |
| | | Total Monthly | Recu | rring: | | \$0.00 |
| | | *Taxes are subject to state and | local regula | tions and are subject | to change | |
| | | *Does not include Dealer-paid | Travel Expe | enses related to onsite | e training | |
| *this invoice does not replace or su | upersede current billing | | | | | |
| ☐ Check By Fax | ☐ One Time ACH | ☐ One Time | Credit | Card Autl | norization | ı |

Copyright VinSolutions.



Signature





Date

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 | AUTHO | RIZA | TION |
|-----|------|-------|------|------|
| | | | | |

| ACCOUNT HOLDER | R INFORMATION | | |
|----------------------|---------------|------|-----------------------------------|
| Account Owners Nan | ie: | | VinSolutions Account Number: 5348 |
| Address Line 1: | | | Phone Number: |
| Address Line 2: | | | Fax Number: |
| City: | State: | Zip: | Email: |
| Opportunity ID: OP#- | -00255448 | | Dollar Amount: \$2,997.00 |

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: |