

VinSolutions 6405 Metcalf Ave Suite 400 Overland Park, KS 66202 www.vinsolutions.com

Sales and Support: 913-825-6124

Invoice For

South Dallas Hyundai (5604)

Invoice Number:OP#-00216784 Salesperson: David White Date Created: 9/27/2012

Products

Product	Description	Quantity	TOT DWIGO	Total Price
Inventory Module	Inventory Module - monthly	1.0	\$599.00	\$459.00
Data Integration	Data integration with dealer's DMS. Publishes Vehicle Inventory, F&I Deal History and Repair Orders when applicable.	1.0	\$99.00	\$99.00
VinCamera & Software	G700	1.0	\$799.00	\$799.00
Inventory Module onetime fee	Onetime fee for Inventory Module	1.0	\$599.00	\$359.00
Data Integration - onetime fee Onetime fee for data integration with dealer's DMS. Publishes Vehicle Inventory, F&I Deal History and Report Orders when applicable.		1.0	\$199.00	\$199.00
		Products/One Monthly Rec One Time Sh	curring:	\$1,357.00 \$558.00 \$15.00
		Total Du	e Now:	\$1,930.00
☐ Check By Fax ☐	One Time ACH ☐ One Time	Credit Card	Authorizatio	on
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.

ONE	TIME	AUTHO	RIZATION
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ONE TIME AUTHORIZATION			
ACCOUNT HOLDER	INFORMATION		
Account Owners Name	e :		VinSolutions Account Number: 5604
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	00216784		Dollar Amount: \$1,930.00
Credit Card Pay			
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: