

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

Sales and Support: 913-825-6124

Invoice For

Midway Motors Hutchinson (3606)

Invoice Number:OP#-00223468 Salesperson: Phil Dixon Jr Date Created: 11/16/2012

Products

Product	Description		Qty.	List Price	Sales Price	
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.		\$29.00	\$29.00		
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee. 1.0 \$49.00 \$49.00					
*this invoice does not replace or super	sede current billing	Products/On Monthly Red One Time St Total Now 1	curring hipping	;:		\$49.00 \$29.00 \$0.00 \$78.00
□ Check By Fax	One Time ACH	*Taxes are subject subject to change *Does not include onsite training One Time (Dealer-pa	uid Travel Expe	enses related to	0
Signature				Dat	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.

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ONE TIME AUTHORIZATION					
ACCOUNT HOLDER INFOR	MATION				
Account Owners Name:			VinSolutions Account Number: 3606		
Address Line 1:			Phone Number:		
Address Line 2:			Fax Number:		
City:	State:	Zip:	Email:		
Opportunity ID: OP#-0022346	58		Dollar Amount: \$78.00		
Credit Card Payment	t				
CREDIT CARD INFORMAT	ION				
Cardholder Name:			Visa Mastercard AmEx - Please circle one		

Check by Fax

Card Number:

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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:		

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: