

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

Sales and Support: 913-825-6124

Invoice For

Bill Kay Chevrolet (5531)

Invoice Number:OP#-00222460 Salesperson: Darin Mayville Date Created: 11/2/2012

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	
Call Tracking - Unlimited onetime fee	Call Tracking - Unlimited onetime	fee.	1.0	\$549.00		
*this invoice does not replace or supe	rsede current billing	Products/Or Monthly Re One Time S	currin hippir	g:		\$0.00 \$549.00 \$0.00 \$549.00
☐ Check By Fax	☐ One Time ACH	☐ One Time		Card Autl	norizatio	•
Signature				Da	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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ACCOUNT HOLDER INFORMATION			
Account Owners Nam	ie:		VinSolutions Account Number: 5531
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00222460		Dollar Amount: \$549.00
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Credit Card Payment

CREDIT CARD INFORMATION	
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: