



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

Invoice For

## Bill Crispin Chevrolet (3465)

Invoice Number: OP#-00176980

Salesperson: Christian Salazar Date Created: 6/1/2012

### Products

Product	Description	Quantity	List Price	Total Price
ILM Ala Carte	Internet Lead Management system manages all incoming internet leads. Includes: VinBrochure, reverse look-up, spam assassin and bad lead rejection. Includes mobile application for smart phones.	1.0	\$899.00	\$572.00
Inventory Light	Limited inventory gallery, view inventory with ILM	1.0	\$0.00	\$0.00
Email Banner	Email Banner	1.0	\$0.00	\$0.00
Email Hosting	Hosting of dealers' email.	1.0	\$0.00	\$0.00
ILM ala carte onetime fee	Onetime fee for ILM	1.0	\$899.00	\$899.00
Email Banner onetime fee	Creation of Email Banner	1.0	\$0.00	\$0.00
Email Hosting onetime fee	Email hosting for dealer	1.0	\$0.00	\$0.00
Inventory Light onetime fee	Onetime fee for limited inventory gallery, view inventory with ILM	1.0	\$0.00	\$0.00
Credit - AutoTrader Family Discount	Onetime fee AutoTrader Family discount.	1.0	\$0.00	(\$899.00)

**Total: \$572.00**

Shipping: \$0.00

**Invoice Total**

**Total Due NOW: \$572.00**

☐ Check By Fax

☐ One Time ACH

☐ One Time Credit Card Authorization

Signature

Date

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**CONTRACTS**

**HASSLES**

**SERVERS**

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VinSolutions  
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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 AUTHORIZATION

ACCOUNT HOLDER INFORMATION			
Account Owners Name:		VinSolutions Account Number: 3465	
Address Line 1:		Phone Number:	
Address Line 2:		Fax Number:	
City:	State:	Zip:	Email:
Opportunity ID: OP#-00176980		Dollar Amount: \$572.00	

### 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: