

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

Sales and Support: 913-825-6124

Invoice For

Asheville Ford Lincoln (3856)

Invoice Number:OP#-00245246 Salesperson: Keith Kirby Date Created: 1/10/2013

Products

Product	Description		List Price	Sales Price	
NADA Used Car Pricing Tool	NADA used car pricing tool	1.0	\$129.00	\$129.00	
NADA used car pricing tool onetime fee	Onetime fee for NADA used car pricing	1.0	\$129.00	\$129.00	

Products/One Time: \$129.00
One Time Shipping: \$0.00
One Time Sales Tax: \$0.00
Monthly Recurring: \$129.00
Total Now Due: \$258.00
Total Monthly Recurring: \$129.00

*this invoice does not replace or supersede current billing

 \square Check By Fax \square One Time ACH \square One Time Credit Card Authorization

Signature

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^{*}Taxes are subject to state and local regulations and are subject to change

^{*}Does not include Dealer-paid Travel Expenses related to onsite training

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	RIZATIO	N

ONE TIME	E AUTHORIZA	TION		
ACCOUNT HOLDER	R INFORMATION			
Account Owners Nan	ne:		VinSolutions Account Number: 3856	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-	-00245246		Dollar Amount: \$258.00	
Credit Card Pa	wmont			
	•			
CREDIT CARD INFO	ORMATION			
Cardholder Name:			Visa Mastercard AmEx - Please circle one	

Check by Fax

Card Number:

•			
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: