

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

Invoice For

Baxter Chrysler Jeep Dodge (5608)

Invoice Number:OP#-00247536 Salesperson: Phil Dixon Jr Date Created: 1/14/2013

Products						
Product	Descri	Description		List Price	Sales Price	
Drivers License Scanner	Automatically uploads custo	omer's information	1.0	\$999.00	\$799.00	
		Products/On			\$7	799.00
		One Time S One Time S				\$0.00 \$0.00
		Monthly Re				\$0.00
		Total Now 1			\$7	799.00
		Total Mont	hly Recurr	ing:		\$0.00
		*Taxes are subject to sta	te and local regulations	s and are subject	to change	
		*Does not include Deale	er-paid Travel Expense	s related to onsite	e training	
☐ Check By Fax	☐ One Time ACH	☐ One Tir	ne Credit C	ard Auth	norization	ı
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 HOLDI	ER INFORMATION			
Account Owners Name:			VinSolutions Account Number: 5608	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-00247536			Dollar Amount: \$799.00	
11 7				
Credit Card P				
Credit Card P CREDIT CARD IN Cardholder Name:			Visa Mastercard AmEx - Please circle one	

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: