

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#-00220407 Salesperson: Darin Mayville Date Created: 10/8/2012

Products

| Product | Description | Qty. List Sales Price | Sales Tax |
|-----------------------------------|---------------------------|---|--|
| VinCamera & Software | G700 | 1.0 \$799.00 \$799.00 | \$57.93 |
| *this invoice does not replace or | supersede current billing | Products/One Time: Monthly Recurring: One Time Shipping: Sales Tax: | \$799.00 \$0.00 \$15.00 \$57.93 |
| ☐ Check By Fax | ☐ One Time ACH | Total Now Due: ☐ One Time Credit Card Authorizati | \$871.93 on |
| Signature | | Date | |

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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.

| ONE | TIME | AUTHO | RIZATION |
|-----|------|-------------------------------|------------------------------------|
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| ONE TIME AUTHORIZATION | | | | |
|------------------------|---------------|------|--|--|
| ACCOUNT HOLDE | R INFORMATION | | | |
| Account Owners Nar | ne: | | VinSolutions Account Number: 5531 | |
| Address Line 1: | | | Phone Number: | |
| Address Line 2: | | | Fax Number: | |
| City: | State: | Zip: | Email: | |
| Opportunity ID: OP# | -00220407 | | Dollar Amount: \$814.00 | |
| Credit Card Pa | nyment | | | |
| CREDIT CARD INF | 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: |