

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

Sales and Support: 913-825-6124

Invoice For

Blue Springs Ford (3862)

Invoice Number:OP#-00201013 Salesperson: Phil Dixon Jr Date Created: 6/22/2012

Products

Product	Description	Quantity	Total Price
Inventory Module	Inventory Module - monthly	1.0	\$599.00
Inventory Module onetime fee	Onetime fee for Inventory Module	1.0	\$599.00
Credit - AutoTrader Family Discount	Onetime fee AutoTrader Family disc	count. 1.0	(\$599.00)
*this invoice does not replace or superse	de current billing	Products/One Time: Monthly Recurring: One Time Shipping:	\$0.00 \$599.00 \$0.00
		Total Due Now:	\$599.00
☐ Check By Fax ☐	One Time ACH	Fime Credit Card Authoriza	ion
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 HOLDER INFORMAT	ΓΙΟΝ		
Account Owners Name:			VinSolutions Account Number: 3862
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00201013			Dollar Amount: \$599.00
Credit Card Payment			
•			
CREDIT CARD INFORMATION			
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: