

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

Invoice For

# **Galesburg Toyota Scion (5298)**

Invoice Number:OP#-00214882 Salesperson: Darin Mayville Date Created: 9/6/2012

#### **Products**

| Product   | Description                             | Quantity    | List Price   | Total<br>Price |
|---|---|-------------|--|----------------|
| NADA Used Car Pricing Tool                                  | NADA used car pricing tool              | 1.0         | \$129.00   | \$90.00        |
| Black Book Used Car Pricing                                 | Black Book pricing of used cars         | 1.0         | \$129.00   | \$90.00        |
| Custom Form Design  | Design of custom forms                  | 1.0         | \$199.00   | \$150.00       |
| NADA used car pricing tool onetime fee                      | Onetime fee for NADA used car pricing   | 1.0         | \$129.00   | \$90.00        |
| Black Book used car pricing onetime fee                     | Black Book used car pricing onetime fee | 1.0         | \$129.00   | \$90.00        |
| *this invoice does not replace or supersede current billing |   |             | Products/One Time:<br>Monthly Recurring:<br>One Time Shipping: |                |
|   |   | Total D     | ue Now:  | \$510.00       |
| ☐ Check By Fax ☐  | One Time ACH ☐ One Time O               | Credit Card | Authorizati  | 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            | AIIT | HOF. | RIZA | TION        |
|-----|-----------------|------|------|------|-------------|
|     | <b>I</b> IIVIIV |      |      |      | 1 1 1 7 1 7 |

| ACCOUNT HOLDER       | INFORMATION |      |                                   |
|----------------------|-------------|------|-----------------------------------|
| Account Owners Nam   | e:          |      | VinSolutions Account Number: 5298 |
| Address Line 1:      |             |      | Phone Number:                     |
| Address Line 2:      |             |      | Fax Number:                       |
| City:                | State:      | Zip: | Email:                            |
| Opportunity ID: OP#- | 00214882    |      | Dollar Amount: \$510.00           |

## **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:  |