

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

Sales and Support: 913-825-6124

Invoice For

Royal Gate Dodge Chrysler Jeep, Inc. (4751)

Invoice Number:OP#-00208426 Salesperson: Brian Fox Date Created: 7/12/2012

Products

Product	Description	Quantity	List Price	Total Price
Market Pricing Tool	Local market pricing tool	1.0	\$549.00	\$384.00
NADA Used Car Pricing Tool	NADA used car pricing tool	1.0	\$129.00	\$89.00
Black Book Used Car Pricing	Black Book pricing of used cars	1.0	\$129.00	\$89.00
Customer Text Messaging - 1000 Texts	Customer Text Messaging - 1000 texts per month incoming or outgoing. In the case of overages, dealer will be invoiced for and moved to the ongoing quantity that covers usage. Unused texts are not rolled over.	1.0	\$29.00	\$29.00
Market Pricing Tool onetime fee	Onetime fee for local market pricing	1.0	\$549.00	\$384.00
NADA used car pricing tool onetime fee	Onetime fee for NADA used car pricing	1.0	\$129.00	\$89.00
Black Book used car pricing onetime fee	Black Book used car pricing onetime fee	1.0	\$129.00	\$89.00
Customer Text Messaging - 1000 Texts Onetime Fee	Customer Text Messaging onetime fee.	1.0	\$49.00	\$49.00
*this invoice does not replace or superse	Products/One Time: Monthly Recurring: One Time Shipping:		\$611.00 \$591.00 \$0.00	
		Total Du	e Now:	\$1,202.00
☐ Check By Fax ☐	One Time ACH ☐ One Time C	Credit Card	Authorization	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.

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ACCOUNT HOLDER INFORMATION				
Account Owners Name:			VinSolutions Account Number: 4751	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#-0	00208426		Dollar Amount: \$1,202.00	

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: