

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

Sales and Support: 913-825-6124

Invoice For

Wilde East Towne Honda (5593)

Invoice Number:OP#-00223743

Salesperson: Darin Mayville Date Created: 11/19/2012

Products

Product	Description		Qty.	List Price	Sales Price	
Data Appending	Recurring appending your customer data.		1.0	\$149.00	\$149.00	
Data Appending onetime fee	Onetime fee to initially append cust	omer data.	1.0	\$149.00		
*this invoice does not replace or supersede current billing		Products/Or Monthly Re One Time S Total Now	curring hipping	;:		\$0.00 \$149.00 \$0.00 \$149.00
		*Taxes are subject subject to change *Does not include onsite training	Dealer-pa	uid Travel Expe	enses related t	
☐ Check By Fax	☐ One Time ACH	☐ One Time	Credit	Card Auth	orization	l
Signature				Dat	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.

ONE	TIME	AUTHO	RIZATION
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Account Owners Nam	ne:		VinSolutions Account Number: 5593
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00223743		Dollar Amount: \$149.00

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: