

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

11

Invoice For

Patriot Pre-Owned Superstore (5417)

Invoice Number:OP#-00209251 Salesperson: Soren Blair Date Created: 7/23/2012

Products

Product	Description	Quantity	List Price	Total Price
Inventory Module	Inventory Module - monthly	1.0	\$599.00	\$300.00
Data Integration	Data integration with dealer's DMS. Publishes Vehicle Inventory, F&I Deal History and Repair Orders when applicable.	1.0	\$99.00	\$99.00
Inventory Module onetime fee	Onetime fee for Inventory Module	1.0	\$599.00	\$300.00
Data Integration - onetime fee	Onetime fee for data integration with dealer's DMS. Publishes Vehicle Inventory, F&I Deal History and Repair Orders when applicable.	1.0	\$199.00	\$199.00
		Products/C Monthly R	Recurring:	\$499.00 \$399.00
		One Time	Snipping: Oue Now:	\$0.00
☐ Check By Fax ☐	One Time ACH			\$898.00
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	RIZA	TION

ONE TIME AUTHORIZATION				
ACCOUNT HOLDE	R INFORMATION			
Account Owners Name:			VinSolutions Account Number: 5417	
Address Line 1:			Phone Number:	
Address Line 2:			Fax Number:	
City:	State:	Zip:	Email:	
Opportunity ID: OP#	-00209251		Dollar Amount: \$898.00	
Credit Card Pa				
CREDIT CARD INF Cardholder Name:	ORMATION		Visa Mastercard AmEx - Please circle one	
Card Number:			Expiration Date:	

Check by Fax

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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)

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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: