

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

Sales and Support: 913-825-6124

Invoice For

Braeger Chevrolet (3949)

Invoice Number:OP#-00231908 Salesperson: Darin Mayville Date Created: 12/5/2012

Products

Product	Description		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 customer data.	1.0	\$149.00	\$149.00	

Products/One Time: \$149.00
One Time Shipping: \$0.00
One Time Sales Tax: \$0.00
Monthly Recurring: \$149.00
Total Now Due: \$298.00
Total Monthly Recurring: \$149.00

*this invoice does not replace or supersede current billing

☐ Check By Fax ☐ One Time ACH ☐ One Time Credit Card Authorization

Signature

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^{*}Taxes are subject to state and local regulations and are subject to change

^{*}Does not include Dealer-paid Travel Expenses related to onsite training

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	RIZATIO	N

ACCOUNT HOLDER	RINFORMATION		
Account Owners Nam	e:		VinSolutions Account Number: 3949
Address Line 1: Address Line 2:			Phone Number: Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00231908		Dollar Amount: \$298.00
	DRMATION		Visa Mastercard AmEx - Please circle one
Cardholder Name:	ORMATION		Visa Mastercard AmEx - Please circle one Expiration Date:
Cardholder Name: Card Number:	ORMATION		Visa Mastercard AmEx - Please circle one Expiration Date:
Card Number: Check by Fax CHECK BY FAX INI	ORMATION FORMATION (ACTUAL C Y THIS FORM) DO NOT N		
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INI MUST ACCOMPAN	FORMATION (ACTUAL C		
Cardholder Name: Card Number: Check by Fax CHECK BY FAX INI	FORMATION (ACTUAL C		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: