

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

Sales and Support: 913-825-6124

Invoice For

Charles Gabus Ford (2747)

Invoice Number:OP#-00197533 Salesperson: Sarah Nugent Date Created: 6/1/2012

Products

Product	Description	Quantity	List Price	Total Price
Call Tracking - 1000 Minutes Toll Free	Call Tracking - 1000 inbound minutes per month using toll free phone numbers. Used to populate Dealer website with up to 8 local phone numbers for call tracking and campaign tracking ROI reporting.	1.0	\$229.00	\$102.00
Call Tracking - 1000 Minutes Toll Free onetime fee	Call Tracking - 1000 Minutes toll free onetime fee.	1.0	\$229.00	\$199.00
				al: \$301.00 ping: \$0.00
				ice Total
		Tota	l Due NOV	V: \$301.00
\Box Check By Fax \Box	One Time ACH ☐ One Time C	redit 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.

ONE	TIME	AUTHO	RIZATI	ON

Account Owners Name:	•		VinSolutions Account Number: 2747
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-00	0197533		Dollar Amount: \$301.00

CREDIT CAR	RD INFORMATION	
Cardholder Na	ame:	Visa Mastercard AmEx - Please circle one
Card Number:	<u> </u>	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: