

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

Sales and Support: 913-825-6124

Invoice For

Bonham Chrysler (4530)

Invoice Number:OP#-00223069

Salesperson: Roby Anderson Date Created: 11/5/2012

Products

Product	Description	Qty.	List Price	Sales Price	Sales Tax
Blue Book Used Car Pricing	Used car pricing from Blue Book	1.0	\$129.00	\$129.00	
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.		\$29.00		
Blue Book used car pricing onetime fee	Blue Book used car pricing onetime fee	1.0	\$129.00	\$129.00	
Customer Text Messaging - 1000 Texts Onetime Fee	O0 Texts Customer Text Messaging onetime fee.		\$49.00	\$49.00	
*this invoice does not replace or super	Products/O Seede current billing Monthly Ro One Time S	ecurrin	g:		\$178.00 \$158.00 \$0.00
	Total Now		- ₋ 5·		\$336.00
☐ Check By Fax	☐ One Time ACH ☐ One Time	Credit	Card Aut	horizatio	n
Signature			Da	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 Name	:		VinSolutions Account Number: 4530
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-0	0223069		Dollar Amount: \$336.00

Visa Mastercard AmEx - Please circle one

Check by Fax

Cardholder Name: Card Number:

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:

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: