

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

Sales and Support: 913-825-6124

Invoice For

Colorado Chrysler Jeep (4168)

Invoice Number:OP#-00223388 Salesperson: Sarah Nugent Date Created: 11/14/2012

Products

Product	Descrip	Description		List Price	Sales Price	
Data Appending	Recurring appending your cu	Recurring appending your customer data.		\$149.00	\$149.00	
Data Appending onetime fee	Onetime fee to initially appe	nd customer data.	1.0	\$149.00	\$149.00	
*this invoice does not replace or	supersede current billing	Products/ Monthly One Time Total No	e Shipping	5 :		\$149.00 \$149.00 \$0.00 \$298.00
_	_	subject to cha *Does not inc onsite training	lude Dealer-pa	aid Travel Exp	enses related t	
☐ Check By Fax	☐ One Time ACH	☐ One Tin	ne Credit	Card Aut	horizatior	1
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	AIIT	HOF.	RIZA	TION
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ACCOUNT HOLDER INFORMATION			
Account Owners Name:			VinSolutions Account Number: 4168
Address Line 1:			Phone Number:
Address Line 2:			Fax Number:
City:	State:	Zip:	Email:
Opportunity ID: OP#-	00223388		Dollar Amount: \$298.00
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Credit Card Payment

CREDIT CARD INFORMATION		
Cardholder Name:	Visa Mastercard AmEx - Please circle one	
Card Number:	Expiration Date:	

Check by Fax

v		
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: